|  |
| --- |
| **HHS DATA Act Program Management Office (DAP)****\*\*\*****Notice of Award – Proof of Concept Questionnaire**  |

**Demographics**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Position/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Department/Unit Approximate Federal Award Value (FY 2015, October 1, 2014 – September 30, 2015): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Organization Approximate Federal Award Value (FY 2015, October 1, 2014 – September 30, 2015): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Which type of entity do you represent?

|  |  |  |  |
| --- | --- | --- | --- |
| State/Local Government | Non-Governmental Organization (NGO) | University / Higher Education Institution | Other |
| For Profit Organization | Non-Profit Organization | Native American Tribe |

8a. If you answered “Other” to question 8, please specify which type of entity you represent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your organization receive Federal awards from multiple awarding agencies in the most recent fiscal year?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |

**Survey**

*Please circle the answer that reflects your opinions as accurately as possible*

1. To what extent would the standardization of the Notice of Award (NOA) Cover Sheet affect ease of collecting information across awards?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Easier | Somewhat Easier  | CannotAssess | Does not Affect Ease of Collection | Somewhat More Difficult | Significantly More Difficult |

1. To what extent would the standardization of the NOA affect your organization’s burden associated with Federal award reporting?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly Reduces Burden | Somewhat Reduces Burden | CannotAssess | Does not Increase nor Reduce Burden | Somewhat Increases Burden | Significantly Increases Burden |

1. To what extent would the standardization of the NOA affect the accuracy with which data is captured from NOAs?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Significantly More Accurate | Somewhat More Accurate | CannotAssess | Does not Increase nor Reduce Accuracy | Somewhat Less Accurate | Significantly Less Accurate |

1. How likely is it that the standardization of the NOA would allow your organization to engage in more advanced or automated mechanisms for collecting grant award information?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Likely | Somewhat Likely | CannotAssess | No Impact | Somewhat Unlikely | Significantly Unlikely |

*Please circle the best answer for the following questions*

1. ­­­How would the standardization of the NOA affect burden associated with Federal award reporting?

|  |  |  |
| --- | --- | --- |
| Decrease Burden | No Change in Burden | Increase Burden |

1. How would the standardization of the NOA affect the accuracy with which data is captured from NOAs?

|  |  |  |
| --- | --- | --- |
| Decrease Accuracy | No Change in Accuracy | Increase Accuracy |

*Please provide a brief written response*

1. Do you believe that a standardized NOA would affect your organization’s data collection processes or change reporting efficiencies?
2. If you answered yes to the question above, please estimate how the use of a standardized NOA would affect the time you spend reporting (in minutes) for all awards received in a given fiscal year.

\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes saved with standardized NOA (estimate)

OR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional minutes spent with standardized NOA (estimate)

1. In your own words, please provide any additional recommendations you believe would make the NOA Cover Sheet more efficient/easier to use.
2. Which of the following terms would you most like to see in a standardized NOA? (mark all that apply)

\_\_\_Agency Contacts

\_\_\_Award Amount

\_\_\_Award Classification/Type of Award

\_\_\_ Award Number/Identifier

\_\_\_Awarding Agency

\_\_\_CFDA Number

\_\_\_Date Issued

\_\_\_Period of Performance

\_\_\_Principal Investigator

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 4040-0017. The time required to complete this information collection is estimated to average \_20 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