Form Approved

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**Office of Population Affairs (OPA)**

**Teen Pregnancy Prevention and** **Pregnancy Assistance Fund**

**Annual Grantee Satisfaction Survey**

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 0990-0379. 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.

**Office of Population Affairs (OPA)**

**Teen Pregnancy Prevention and Pregnancy Assistance Fund**

**Annual Grantee Satisfaction Survey**

E-mail Transmittal Script and Instructions

Dear OPA Grantee:

You have received this survey, because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Population Affairs (OPA). If your organization has more than one OPA award, you will receive a separate survey for each grant.

The purpose of this survey is to assess your satisfaction with OPA grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OPA and our contactors. OPA plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

If you have more than one federal award from OPA, please complete a separate survey for each grant project. To provide your feedback, please visit: https://[www.surveymonkey.com/r/[](http://www.surveymonkey.com/r/%5b)survey code].

Please take the time to complete the survey. It should take about 20 minutes per grant project. If you have questions about this survey, please email Dr. Suzanne Randolph Cunningham at [opasurvey@mayatech.com](mailto:opasurvey@mayatech.com).

Please submit your responses by [DATE/TIME]. Thank you for your participation.

Survey Script and Instructions

**INTRODUCTION**

You have received this survey, because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Population Affairs. If your organization has more than one OPA award, you will receive a separate survey for each grant.

The purpose of this survey is to assess your satisfaction with OPA grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OPA and our contactors. OPA plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

**INSTRUCTIONS**

If you have more than one federal award from OPA, please complete a separate survey for each grant project. Feel free to consult with others within your organization on each of your grant projects, but only submit one survey per grant.

Please answer questions as they relate to this past grant year.

Your participation is voluntary and confidential.  You are encouraged to answer all questions but you may skip any item. Please provide honest responses and complete information. Your participation is not associated with your grant project in that your responses will not affect your current award or your eligibility for, or receipt of, future services or funding.

Do not put your name or organization’s name on the survey. Results will be reported to OPA in a manner that does not identify information about an individual or an organization and to be used only for the purposes of continuous quality improvement. Aggregated results may be used by OPA to share with selected stakeholders (e.g., grantees, federal partners) for the purposes of knowledge-sharing and improving processes.

Please take the time to complete the entire survey. It should take about 20 minutes per grant project. If you have questions about this survey, please email Dr. Suzanne Randolph Cunningham at [opasurvey@mayatech.com](mailto:opasurvey@mayatech.com).

Please submit your responses by [DATE/TIME]. Thank you for your participation.

**BACKGROUND INFORMATION**

1. How many federal awards (grant or cooperative agreement) do you have from OPA that are for the Pregnancy Assistance Fund or Teen Pregnancy Prevention grant program? [Note: If you have more than one federal award, please complete this survey for each.]

\_\_ 1

\_\_ 2

\_\_ 3

\_\_ 4

1. Please select the grant type for which you are completing this survey (SELECT ONLY ONE TYPE. If you have more than one grant, complete a separate survey for each grant):

\_\_ Pregnancy Assistance Fund (PAF)

\_\_ FY 2015 Teen Pregnancy Prevention (TPP) –if checked, also select which Tier:

\_\_Tier 1A

\_\_Tier 1B

\_\_Tier 2A

\_\_Tier 2B

\_\_ FY 2018 Teen Pregnancy Prevention (TPP)

\_\_Tier 2 Phase 1

\_\_FY 2019 Teen Pregnancy Prevention (TPP)

1. Is this your first OPA grant?

\_\_ Yes

\_\_ No

**OPA GUIDANCE AND TECHNICAL ASSISTANCE**

**Project Officer Monitoring and Support**

1. Please rate your satisfaction with the guidance received from your Project Officer in the following areas:

| Satisfaction with  Project Officer’s: | Very  satisfied | Satisfied | Not  Sure | Dissatisfied | Very  dissatisfied | Not  applicable |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Guidance on grant program expectations | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Guidance on programmatic reporting | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Frequency of communication (email, phone calls) | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Promptness in responding to inquiries | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Clarity of communication | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Consistency in messaging | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Oversight and monitoring of your grant project | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Adequacy of TA resource(s) and support(s) to help your grant project succeed | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Overall performance | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Programmatic Guidance and Project Officer Feedback**

1. Please consider written communications and resources that you have received from OPA and rate your level of agreement with the statements below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OPA Funding Opportunity Announcements (FOA)** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not  applicable |
| 1. The FOA was clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The grant expectations included in the FOA are clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **OPA Progress Report & Continuation Application Guidance** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not  applicable |
| 1. The guidance was clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The guidance was provided within sufficient time to complete our report. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Feedback on Progress Reports** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not  applicable |
| 1. The feedback was clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was helpful in identifying areas of continuous improvement for our grant. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was consistent with the expectations outlined in the FOA. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Feedback on Continuation Applications** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not  applicable |
| 1. The feedback was clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was helpful in identifying areas of continuous quality improvement for our grant. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was consistent with the expectations outlined in the FOA. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Site Visit** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not  applicable |
| 1. The notice provided for the site visit allowed adequate time to prepare. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The TA and support provided during the site visit were helpful. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The PO recommendations resulting from the site visit were clear and easy to understand. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The PO recommendations following the site visit were helpful for the continuous quality improvement of our grant. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. **Other OPA Staff/Contractor Support:** Please rate your satisfaction with the guidance and support received from other OPA staff (i.e., Evaluation Team, MAX Core Team).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction  with support from: | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| 1. OPA Evaluation Team | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OPA MAX Core Team | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OPA TA Contractor | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OPA Performance Measures Contractor | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. **OPA Technical Assistance:** For the next set of OPA Technical Assistance Supports, please indicate how often you participated during this past grant year; and overall how satisfied you were with the support:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Webinars** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Individual TA** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **In-person training** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OPA/OAH TA Products**

For the next set of questions, please note that some OPA TA products were developed with the OAH brand. Please consider both sets of TA products when answering these items.

1. Have you used any [OPA/OAH-developed TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html)  (e.g., tip sheets, tool kits, online learning modules, TA briefs) in the current budget period?

\_\_\_\_Yes

\_\_\_\_No (will auto-skip to Q13)

1. How do you hear about OPA/OAH’s TA product(s)? Check all that apply.

\_\_ MAX.gov

\_\_ OPA/OAH website search

\_\_ OPA Grantee Digest

\_\_OPA Bulletin

\_\_ Other (please specify)

1. Which [OPA/OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) (click here to view) have you found most helpful this past year? Please list up to three.
   1. [Text Box]
   2. [Text Box]
   3. [Text Box]
2. How often would you say you use [OPA/OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) (click here to view)?

\_\_ Never

\_\_ Frequently (1-2 times a month)

\_\_ Seldom (1-2 times a quarter)

\_\_ Rarely (1-2 times a year)

What format for the [OPA/OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) do you find most helpful? (Check all that apply)

\_\_ Printable pdfs

\_\_ Web text

\_\_ Tip sheets

\_\_ e-Learning modules

\_\_ Checklists

\_\_ Toolkits

\_\_ Webinars

\_\_ Videos

\_\_ Other (please specify)

**Overall Guidance and Technical Assistance Feedback**

1. Please describe how the support and technical assistance you received from OPA has affected your project. [Text Box]
2. Use this space to provide any suggestions for improving support from OPA project officers, staff and/or contractors. [Text Box]
3. Use this space to provide any suggestions for improving OPA programmatic guidance and/or technical assistance. [Text Box]

**Web-Based Communications/Resources**

**MAX.gov**

1. Please indicate the extent to which you agree with these statements about the components of  [MAX](https://community.max.gov/display/HHSExternal/About+OAH+MAX)  (click her to view):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MAX: | Strongly  agree | Agree | Not  Sure | Disagree | Strongly  disagree | Have not used/done yet |
| 1. Log-in procedures are clear. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Navigation and finding information are easy. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. User design/experience is pleasing. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Files upload smoothly. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. MAX is useful. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. MAX listservs are valuable. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The site is easy to use. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I understand when to use this system | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. How satisfied are you with OPA MAX?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Satisfaction with MAX.gov** | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very  dissatisfied | Not  applicable |
|  | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Performance Measures**

The next set of items is about your project’s perceptions of the Performance Measures (PMs).

1. Please indicate the extent to which you agree with these statements about the performance measures (PMs), PM submission process, and support you receive to submit the PMs:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Performance Measures (PM)  Attributes: | Strongly  agree | Agree | Not  Sure | Disagree | Strongly  Disagree | Have not used/done yet |
| 1. The PM submission process is easy. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Sufficient support is provided to submit the PMs. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. PMs are useful for our project’s Continuous Quality Improvement (CQI) process. | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OPA/OAH Website**

OAH merged with OPA in June 2019, and the two offices’ websites have not yet been combined. This next set of questions is about the OAH instance of the OPA website, which is where information relevant to TPP and PAF grantees is found: <https://www.hhs.gov/ash/oah/> .

1. How often have you used the OAH instance of the OPA website in this past grant year?

\_\_ Never (skip to Q22 after tables)

\_\_ Monthly

\_\_ Weekly

\_\_ Daily

\_\_Other (please specify)

1. Please indicate how useful resources in the following sections of the OAH instance of the OPA website have been for your project in the past year. (Check “not used” if you have not used the resource).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Usefulness of OAH Instance of the OPA Website Resources | Very  useful | Useful | Somewhat useful | Not at all useful | Not used |
| 1. [Adolescent Development](https://www.hhs.gov/ash/oah/adolescent-development/index.html): Information on health topics | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Evaluation & Research](https://www.hhs.gov/ash/oah/evaluation-and-research/index.html): Information on expanding evidence and advancing best practices | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Facts and Stats](https://www.hhs.gov/ash/oah/facts-and-stats/index.html): Current statistics on adolescent health at the national and state levels | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Grant Programs](https://www.hhs.gov/ash/oah/grant-programs/index.html): Information on OPA grant programs | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Resources & Training](https://www.hhs.gov/ash/oah/resources-and-training/index.html): Federal resources and training to support work with adolescents | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**TPP and PAF Online Resource Center**

1. Please rate your satisfaction with the information and resources provided in the [TPP and PAF Online Resource Center](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with TPP and PAF Online Resource Center’s: | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very  dissatisfied | Not  applicable |
| a. Organization of information | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| b. Sufficiency of resources to meet your program needs | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| c. Relevance to your areas of need | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| d. Comprehensiveness in addressing the scope of issues that you face | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Overall information and resources of the TPP/PAF Online Resource Center | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Grantee Digest**

22. How often do you read the OPA *Grantee Digest* email?

\_\_ Every week

\_\_ Most weeks (3 times a month)

\_\_ Some weeks (1-2 weeks a month)

\_\_ Never (SKIP to Q24)

23. Please rate your satisfaction with the information and resources provided in the *Grantee Digest:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *Grantee Digest* | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very Dissatisfied | Not  applicable |
| a. Organization of information | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| b. Sufficiency of detail to meet your program needs | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| c. Relevance to your areas of need | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| d. Comprehensiveness in addressing the scope of issues that you face | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OPA Bulletin**

24. How often do you read the *OPA* *Bulletin* (the OPA e-newsletter that comes out every other month)?

\_\_ Every week

\_\_ Most weeks (3 times a month)

\_\_ Some weeks (1-2 weeks a month)

\_\_ Never (SKIP to Q26)

25. Please rate your satisfaction with the information and resources provided in the *OPA Bulletin:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *OPA Bulletin* | Very satisfied | Satisfied | Not  Sure | Dissatisfied | Very Dissatisfied | Not  applicable |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OPA Twitter (@HHSPopAffairs)**

26. The OAH Twitter account merged with the OPA Twitter account and the new Twitter handle for OPA is @HHSPopAffairs). How useful do you find the information and resources shared on @HHSPopAffairs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Usefulness of OPA  Twitter Feed | Very useful | Useful | Not  Sure | Somewhat  useful | Not at all useful | Not  used |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Overall Digital Communications/Resources (i.e., web, email, and social media) Feedback**

27. Use this space to provide any suggestions for improving OPA web-based communications/resources.

[Text Box]

**OVERALL SATISFACTION WITH OPA’S RESOURCES AND SUPPORT**

28. Overall, how satisfied are you with OPA’s services, supports, resources, and guidance for your grant project?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Overall Satisfaction with OPA services, supports, resources, and guidance | Very  Satisfied | Satisfied | Not  Sure | Dissatisfied | Very Dissatisfied | Not  applicable |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**DEMOGRAPHIC QUESTIONS**

29. Which of the following BEST describes your organization? (Check one)

\_\_ American Indian tribal government or tribal organization

\_\_ Educational institution

\_\_ For-profit organization

\_\_ Hospital/Clinic

\_\_ Local government agency (city, town, county)

\_\_ Non-profit organization

\_\_ State government agency

\_\_ Other (please specify) [Text box]

Thank you for your cooperation.

If you have to report on another grant, please complete a separate survey.

DONE