
2019 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.

We ask that you please do **NOT** provide any names of individuals (i.e., Project Officer, Grants Management Specialists, etc.).

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 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 1090-0007. Public reporting burden for this collection of information is estimated to average 15 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 (September 30, 2021)

Background Information

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 *most recently completed* 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 Notice of Funding Opportunity (NOFO) 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 NOFO and the application process for the following.

5. YOUR EXPERIENCE WITH THE HRSA NOTICE OF FUNDING OPPORTUNITY (NOFO) AND THE APPLICATION PROCESS.

- A. Clarity of guidance provided within the HRSA NOFO.
- B. Clarity of language in the HRSA review criteria included in the NOFO.
- C. Ease of applying to the grant application process in Grants.gov and EHB if applicable.
- D. After reading the HRSA NOFO, you understood what was required for a complete, responsive application.
- E. The NOFO Application Guide provided valuable information.
- F. The TA call, FAQs and or HRSA guidance and assistance in explaining what is required for completing the grant application answered my questions.
- G. The criteria HRSA used to review my application was clear.
- H. There was sufficient time during the application period to develop and submit the grant application.
- I. Overall experience with the HRSA grant application process.

6. YOUR EXPERIENCE WITH THE HRSA OBJECTIVE REVIEW.

- Clarity of content in the Summary Statement provided as feedback on the review of your application.

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

- Clarity of the Terms, Conditions, and Reporting Requirements outlined in the NOA.

8. Please provide any feedback you may have about the HRSA Application and Award Process. (Optional)

HRSA Personnel

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:

9. 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 customer service (e.g., courteousness, responsiveness, respectfulness) of your Project Officer.
- G. Overall performance of your Project Officer.

10. Please provide any feedback you may have about your ratings for your HRSA Project Officer. (Optional)

HRSA Personnel

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 the 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 experience with your current or most recent HRSA Grants Management Specialist for Question #11.

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 #11 and #12.

11. YOUR EXPERIENCE WITH YOUR CURRENT OR MOST RECENT GRANTS MANAGEMENT SPECIALIST.

- A. Frequency of communication (e.g., 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 customer service (e.g., courteousness, responsiveness, respectfulness) of your Grants Management Specialist.
- G. Overall performance of your Grants Management Specialist.

12. Please provide any feedback you may have about your ratings for your HRSA Grants Management Specialist. (Optional)

HRSA Electronic Handbooks

Instructions: Think about your experience with the HRSA Electronic Handbooks. 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 Handbooks for the following.

13. YOUR EXPERIENCE WITH THE ELECTRONIC HANDBOOKS (EHBs).

- A. User-friendliness of the EHBs.
- B. Timeliness of notifications (e.g., Federal Financial Report, Condition Responses, program specific reports, progress reports).
- C. Ease of information submission using the EHBs (e.g., data, reports, etc.).
- D. Ability to retrieve previously submitted information (e.g., data, reports, etc.).
- E. Overall experience with the EHBs.

14. Please provide any feedback you may have about your ratings for the HRSA EHBs. (Optional)

15. WHEN NEEDING ASSISTANCE WITH THE EHBs, HAVE YOU USED THE HELP VIDEOS LOCATED IN THE ONLINE HELP SECTION?

- A. YES → CONTINUE to Question #16
- B. NO → SKIP to Question #18

16. Think about your experience with the EHBS online Help section 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 EHBS online Help section on the following:

- A. Ease of locating the Help Videos.
- B. Usefulness of the Help Videos.

17. Please provide any feedback you may have about your ratings for the EHBS online Help section. (Optional)

HRSA Contact Center

18. 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 #19
- NO → SKIP to Question #22

19. 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]

20. 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 customer service (e.g., courteousness, responsiveness, respectfulness) of Contact Center Representative(s).
- E. Overall performance of Contact Center Representative(s).

21. Please provide any feedback you may have about your ratings for the HRSA Contact Center. (Optional)

22. IN THE PAST 12 MONTHS, HAVE YOU HAD A SITE VISIT FROM THE HRSA PROGRAM THAT SUPPORTS THIS AWARD?

- Yes → CONTINUE to Question #23
- No → SKIP to Question #25
- No, but we have an upcoming visit scheduled → SKIP to Question #25
- I don't know → SKIP to Question #25

23. YOUR EXPERIENCE WITH HRSA PROGRAM SITE VISIT(S). Think about your most recent HRSA program site visit in 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 site visit on the following:

- A. Helpfulness of guidance HRSA provided to prepare you for program site visit(s).
- B. Amount of lead time your program had to prepare for HRSA program site visit(s).
- C. Customer service (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 program site visit.

24. Please provide any feedback you may have about your ratings for HRSA Program Site Visits. (Optional)

HRSA Data Warehouse

The HRSA Data Warehouse (<https://data.hrsa.gov/>) is the place for maps, dashboards, query tools, and data for HRSA's programs. The website allows one to find a health center, explore maps, query data, find shortage areas, view HRSA fact sheets, and download HRSA data.

25. Have you visited the HRSA Data Warehouse in the past 12 months?

- YES → CONTINUE to Question #26
- NO → SKIP to Question #29

26. Have often have you visited the HRSA Data Warehouse in the past 12 months?

- a. Daily
- b. Weekly
- c. Monthly
- d. Bi-monthly
- e. Quarterly
- f. Semi-Annually
- g. Other (Please specify): _____ [REQUIRED RESPONSE]

27. Think about your experiences with the HRSA Data Warehouse 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 Data Warehouse on the following:

- a. Ease of navigation.
- b. Appearance of the website.
- c. Clarity of content/information.
- d. How up-to-date the content/information is.
- e. Ease of locating data.
- f. Ease of answering questions using maps, dashboards, and query tools.
- g. Overall experience with the HRSA Data Warehouse.

28. Please provide any feedback you may have about your ratings for the HRSA Data Warehouse. (Optional)

HRSA Website

29. Have you visited the HRSA website (<https://www.hrsa.gov/>) in the past 12 months?

- YES → CONTINUE to Question #30
- NO → SKIP to Question #33

30. 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.

31. YOUR EXPERIENCE WITH THE HRSA WEBSITE.

- A. Ease of navigation.

- B. Appearance of the website.
- C. Ability to find the content you are seeking.
- 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.

32. Please provide any feedback you may have about your ratings for the HRSA Website. (Optional)

ACSI BENCHMARK QUESTIONS—YOUR OVERALL OPINION

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

- 33.** 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.

- 34.** 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?

- 35.** 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?

- 36.** If you have multiple HRSA grants, was your experience with the grant that you rated for this survey compared to 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

37. Do you have feedback on any of your other HRSA grants? [SKIP IF Q #36=F] (Optional)

38. 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]

39. 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]

40. 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

41. 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

42. How many progress reports for non-competing continuations have you or your organization submitted to HRSA during the past 24 months for this grant award?

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

43. Do you have any other feedback for HRSA that could help improve your satisfaction? (Optional)