

1. Please select the panel on which you served.

2. The reviewers on your panel were prepared. (Explanations are welcome).

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Other (please specify)

3. The reviewers actively participated in the panel deliberations.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Other (please specify)

4. The reviewers worked in a cooperative manner within the panel.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Other (please specify)

5. Overall, I am satisfied with the performance of the reviewers on the panel.

Not Satisfied

Partially Satisfied

Satisfied

Very Satisfied

Other (please specify)

OBS Number 0915-0212

Expiration date 07/31/2021

Dear Participant,

Thank you for participating in HRSA's Objective Review Committee (ORC) and congratulations on a job well done. Feedback from your experience is crucial and will help us maintain and improve the review process. Please take a few moments to rate the quality and effectiveness of each item listed below. Feel free to include any additional comments you deem necessary or relevant to improving the ORC process. Your responses and time is greatly appreciated and will remain confidential.

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

Sincerely,

Division of Independent Review

OMB Number 0915-0212

Expiration date 07/31/2021

Thank you for your participation!

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 0915-0212. Public reporting burden for this collection of information is estimated to average 0.25 hours 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-03I, Rockville, Maryland, 20857.

OMB Number 0915-0212

Date 07/31/2021

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Done

Disagree

Neutral

Agree

Strongly Agree

Other (please specify)

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Not Satisfied

Partially Satisfied

Satisfied

Very Satisfied

Other (please specify)

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