**DGMO CUSTOMER SERVICE SATISFACTION SURVEY**

1. Please select the area in which you work.

[HRSA Office of Federal Assistance Management (OFAM); HRSA Program Office; Other HRSA Office; Grant Recipient; Other External Entity]

1. Please provide the grant number associated with your inquiry.

[Type grant number]

1. What was the primary reason for your contact/communication with the HRSA Division of Grants Management Operations (DGMO)?

[Notice of Funding Opportunity (NOFO)/Grant Application; Notice of Award (NoA); FFR; Prior Approval; Grant Term and/or Condition; Closeout; Other]

1. Which DGMO staff member assisted you?

[Type name]

*Considering your most recent interaction with a DGMO staff member, please indicate the degree to which you agree or disagree with the following statements:*

1. I am satisfied with the service I received from the DGMO employee.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. This interaction increased my confidence in the DGMO employee.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. My need was addressed by the DGMO employee.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. It was easy to complete what I needed to do with assistance from the DGMO employee.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. It took a reasonable amount of time to do what I needed to do.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. I was treated fairly by the DGMO employee.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. The DGMO employee I interacted with was helpful.

[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]

1. How long did it take for you to receive a response to your specific question, concern or request?

[1-2 business days; 3-4 business days; 5 or more business days; I did not receive a response]

1. How would you rate your overall customer service experience?

[Excellent; Good; Fair; Poor]

1. Do you have any other comments, questions, concerns?

[Type comments]