FYSB Grantee COVID Survey

Welcome to the FYSB Grantee COVID Survey! The purpose of the COVID survey is to gather information on how the COVID pandemic has affected the ability of FYSB grantees to complete project activities and to inform FYSB guidance. The survey questions are separate from the COVID items asked in PREP and SRAE performance measures, and participation in this survey is voluntary.

We appreciate you taking the time to complete this survey. It is estimated that you will need approximately 15 minutes to submit your response. We recommend that the person who completes this survey is someone who is familiar with program activities across the sites and how the various sites have been impacted by COVID, such as a Project Director or Primary Contact for the grant.

**Grantees who have more than one grant will be asked to complete a survey for each federal award**. You will receive an email invitation with unique login information **for each grant**. Please complete this survey thinking specifically about your [GRANT YEAR GRANT TYPE/GRANT TYPE] grant.

|  |
| --- |
| THE PAPERWORK REDUCTION ACT OF 1995  This collection of information is voluntary and will be used to provide FYSB with information about how COVID will impact grantees this fall and inform future guidance to grantees. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 number for this information collection is 0970-0401 and the expiration date is 5/31/2021. |

**1. What is the target number of youth you proposed to serve in the current fiscal year (October 2020-September 2021) as reported in your grant application or your most recent non-competing continuation request?**

NUMBER OF YOUTH

**2. Prior to COVID-19 related closures, how many youth did you plan to serve in Fall 2020?**

NUMBER OF YOUTH

**3. How many youth do you currently plan to serve in Fall 2020?** *We understand that you may still be updating your plans and may not yet have confirmed implementation in some or all of your sites.* ***Please provide your best estimate based on the information available to you right now****. If you are no longer planning to serve youth in Fall 2020, please enter “0”.*

NUMBER OF YOUTH

**4. Prior to COVID-19 related closures, in how many sites did you plan to implement programming in Fall 2020*?*** *For the purpose of this survey, a site is defined as any single entity, such as a school, clinic, or community-based organization where programming is provided.*

NUMBER OF SITES

**5. In how many sites do you now expect to implement programming in Fall 2020?** *Include all programming (in-person, virtual, virtual and in-person hybrid).*

*We understand that you may still be updating your plans and may not yet have confirmed implementation in some or all of your sites.* ***Please provide your best estimate based on the information available to you.*** *If you are no longer planning to implement programming in any sites in Fall 2020, please enter “0”.*

NUMBER OF SITES

6. Among the sites you now expect to implement Fall 2020 programming, how many are delivering the program:

*Please provide your best estimate based on the information available to you. Your answer should sum to the total number of sites you plan to implement programming in Fall 2020, which you indicated was [FILL Q5 response].*

|  | Number of sites |
| --- | --- |
| a. 100% virtually |  |
| b. 100% in-person |  |
| c. A hybrid of virtual and in-person |  |

**7. Among the sites implementing Fall 2020 programming, for how many sites did you or do you plan to decrease the amount of curriculum content delivered (dosage)?** *Decreases include reductions in the number of program sessions or the length of the program sessions. If dosage did not decrease for any of your sites, please indicate “0”.*

NUMBER OF SITES

**8. Among those Fall 2020 sites where you already decreased or plan to decrease the dosage of the curriculum, how many *different curricula* areaffected?**

NUMBER OF CURRICULA

**9. Among the curricula that are affected, did you or are you planning to consult with the developer(s) about the decrease in dosage?**

🔾 Yes 1

🔾 No 0

**10. Among the Fall 2020 programs you expect to implement virtually or as a hybrid of virtual and in-person, have you made or do you plan to make any of the adaptations listed below to the curricula you are using?**

|  | *SELECT ONE PER ROW* | |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| a. Modified or recorded new videos | 1 🔾 | 0 🔾 |  |
| b. Modified or developed new interactive components, such as role plays and games | 1 🔾 | 0 🔾 |  |
| c. Modified the format, delivery, or content of discussions and/or question and answer periods | 1 🔾 | 0 🔾 |  |
| d. Modified or developed in-class and/or homework assignments | 1 🔾 | 0 🔾 |  |
| e. Other *(specify)* | 1 🔾 | 0 🔾 |  |
|  |  |  |  |

**11. Did you or do you plan to consult the developer on the [FILL Q10a-e]**

🔾 Yes 1

🔾 No 0

12. For which of the following topics would you like to receive training and technical assistance?

*MARK ALL THAT APPLY*

🔾 Adapting curricula for a virtual setting 1

🔾 Adapting facilitation for a virtual setting 2

🔾 Virtual techniques for recruiting youth into the program 3

🔾 Engaging youth virtually 4

🔾 Coordination with project partners 5

🔾 Collecting data for program improvement or evaluation in a virtual setting 6

🔾 None of the above 7

🔾 Other (*specify*) 8

13. At the end of the current budget year (October 2020 - September 2021), do you anticipate having unobligated/unspent funds left on your grant?

🔾 Yes 1

🔾 No 0

**14. What are some of the reasons why your grant may have unobligated/unspent funds available at the end of the current budget year (October 2020 - September 2021)?**

*MARK ALL THAT APPLY*

🔾 Reduction or changes in staffing 1

🔾 Reduction in implementation sites 2

🔾 Funds for in-person travel no longer needed 3

🔾 Decrease in supplies from serving less youth 4

🔾 Decrease or changes to supplemental activities outside of the core curricula 5

🔾 Decrease in data collection or evaluation efforts 6

🔾 Other (*specify*) 7

**The following questions are for *discretionary grantees only*:**

**15. Do you anticipate the submission of a carryover request to use current year (October 2020 – September 2021) unobligated funding to complete activities in the next budget year (October 2021 –September 2022) of the grant?**

🔾 Yes

🔾 No

🔾 Not Sure

🔾 Not Applicable/ My grant expires in September 2021

**16. If your grant expires in September 2021, do you anticipate the need to request a no-cost extension to continue approved grant activities into the next fiscal year?**

🔾 Yes

🔾 No

🔾 Not Sure

🔾 Not Applicable/ My grant does not expire in September 2021

**This is the end of the survey. If you have provided responses for all the questions, please select “Submit completed survey”. If you would like to complete the survey later, please select “Exit and complete survey later”.**

**After you submit your completed survey, you will not be able to update or change your answers.**

🔾 Submit completed survey 1

🔾 Exit and complete survey later 2