ACF-ORR Annual Relationship Survey

Introduction

The Administration for Children and Families (ACF) is seeking your feedback as a grantee of an ACF discretionary award. The goal of this survey is to better understand your experience so that we can improve how we serve and support our grantees. All responses to this survey are **anonymous and non-attributable** and do not impact your evaluation or selection as a grantee. Your participation is voluntary, though highly encouraged. Thank you for your time and feedback.

This survey is comprised of five sections and should take about 10 minutes to complete. You will be asked to provide feedback on satisfaction, trust, service, and helpfulness, as well as share brief information about your organization.

Section 1 – Satisfaction

This section captures your overall satisfaction with the Administration for Children and Families (ACF) - Office of Refugee Resettlement (ORR) grant program. (2 questions)

1.1 Overall, how satisfied are you with the ACF-ORR grant program? (Multiple choice, select one)
   a. Very satisfied
   b. Somewhat satisfied
   c. Neither satisfied nor dissatisfied
   d. Somewhat dissatisfied
   e. Very dissatisfied

1.2 How likely are you to apply for ORR funding in the future? (Multiple choice, select one)
   a. Very likely
   b. Somewhat likely
   c. Neither likely nor unlikely
   d. Somewhat unlikely
   e. Very unlikely

Section 2 – Trust

This section gauges your overall trust in the Administration for Children and Families (ACF) as a governing body and grant administrator. (4 questions)

Please rate your level of agreement with the following statements:

2.1 "I trust that the ACF-ORR grant requirements are designed to serve the best interest of program participants." (Multiple choice, select one)
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

2.2 "I trust that this ACF-ORR grant is administered in an impartial manner (e.g., compliance, finances, operations, etc.)." (Multiple choice, select one)
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

2.3 "I receive non-conflicting information regarding the ACF-ORR grant requirements." (Multiple choice, select one)
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

2.4 Please provide additional concerns, feedback, or improvement suggestions regarding your trust in ACF as a governing body and grant administrator. (Text, open-ended)

Section 3 – Service

This section measures your ability to successfully manage and execute requirements of the Administration for Children and Families (ACF) - Office of Refugee Resettlement (ORR) grant. (11 questions)

Please rate your level of agreement with the following statements:

3.1 " I have sufficient information to carry out requirements of my ACF-ORR grant." (Multiple choice, select one)
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

3.2 "I have a clear understanding of the requirements of my ACF-ORR grant." (Multiple choice, select one)
  a. Strongly agree
  b. Somewhat agree
  c. Neither agree nor disagree
  d. Somewhat disagree
  e. Strongly disagree

3.3 "I can easily complete requirements of my ACF-ORR grant." (Multiple choice, select one)
  a. Strongly agree
  b. Somewhat agree
  c. Neither agree nor disagree
  d. Somewhat disagree
  e. Strongly disagree

   Conditional: If user selects option b, c, d, or e – queue question 3.3a and 3.3b:

   3.3a Please indicate if you have had any difficulty completing any of the following ACF-ORR grant requirements. Please select all that apply. (Checkbox, select multiple)
   a) Program Reporting Requirements (e.g., Performance Progress Report, Data Indicators Report, etc.)
   b) Financial Reporting Requirements (e.g., Federal Financial Report, other budget and fiscal reporting)
   c) Non-Competing Continuation Application
   d) Grant Amendments (e.g., carryover, budget revisions, etc.)
   e) Monitoring / Site Visit
   f) Accessing Funds via Payment Management System (PMS)
   g) Grant Close Out
   h) Other requirement (Please specify)

   3.3b Please use the space provided to include any insights into the difficulty you had completing the ACF-ORR grant requirement. (Text, open-ended)

3.4 "ACF and/or my current training and technical assistance (T/TA) provider offer information, training, and technical assistance that help support my program's participants." (Multiple choice, select one)
  a. Strongly agree
  b. Somewhat agree
  c. Neither agree nor disagree
  d. Somewhat disagree
  e. Strongly disagree

3.5 "ACF provides constructive feedback on program performance needed to successfully fulfill grant requirements." (Multiple choice, select one)
  f. Strongly agree
  g. Somewhat agree
  h. Neither agree nor disagree
  i. Somewhat disagree
  j. Strongly disagree

The following three questions are specific to your experience seeking support for and fulfilling requirements of the ACF-ORR grant.

3.6 In the last year, how often did you reach out to your ACF-ORR program manager for assistance in fulfilling grant requirements? (Multiple choice, select one)
   a. Once or more per week
   b. Every two weeks
   c. Once per month
   d. Less than once per month
   e. Not sure/ Don't know
   f. I did not reach out to my ACF-ORR program manager assistance

   Conditional: If user selects option f – queue question 3.6a:

   3.6a Please use the space provided to include any insights as to why you did not reach out to your ACF-ORR program manager (e.g., assistance was not required, program manager unknown, etc.). (Text, open-ended)

3.7 In the last year, how often did you reach out to an ACF- Office of Grant Management (OGM) grant management specialist for assistance in fulfilling grant requirements? (Multiple choice, select one)
   a. Once or more per week
   b. Every two weeks
   c. Once per month
   d. Less than once per month
   e. Not sure/ Don't know
   f. I did not reach out to my ACF-OGM grant management specialist

   Conditional: If user selects option f – queue question 3.7a:

   3.7a Please use the space provided to include any insights as to why you did not reach out to your ACF-OGM grant management specialist (e.g., assistance was not required, grant management specialist unknown, etc.). (Text, open-ended)

3.8 Based on your experience administering the ACF-ORR grant, please indicate areas that you have found challenging. Please select all that apply. (Checkbox, select multiple)
   a. Federal regulations
   b. Navigating policy guidance
   c. Federal reporting, auditing, or monitoring requirements
   d. Insufficient collaboration opportunities
   e. Insufficient technical resources to meet program objectives
   f. Other
   g. Not applicable

   Conditional: If user selects option f – queue question 3.8a:

   3.8a You selected "Other." Please use the space below to provide additional insights into your response. (Text, open-ended)

The following two questions are specific to the ACF systems you use to fulfill grant requirements. Please rate your level of agreement with the following statements:

3.9 "I can easily navigate the GrantSolutions (GS) website for my grant management needs. (Multiple choice, select one)
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

   Conditional: If user selects option b, c, d, or e – queue question 3.9a:

   3.9a Please use the space provided to include any insights on the difficulty you experienced in navigating the GrantSolutions (GS) website or troubleshooting issues/training materials etc. (Text, open-ended)

3.10 "I can easily navigate the Payment Management System (PMS) website for my grant management needs." (Multiple choice, select one)
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

   Conditional: If user selects option b, c, d, or e – queue question 3.10a:

   3.10a Please use the space provided to include any insights on the difficulty you experienced in navigating the Payment Management System (PMS) website. (Text, open-ended)

3.11 Please provide additional concerns, feedback, or improvement suggestions regarding your management and execution of the ACF-ORR grant requirements. (Text, open-ended)

Section 4 – Helpfulness
This section captures the overall support provided by the Administration for Children and Families (ACF) in the execution and management of your ACF-ORR grant. (10 questions)

4.1 When an issue regarding your ACF-ORR grant requires you to seek assistance, who do you turn to as your primary source of assistance? Please select all that apply. (Checkbox, select multiple)
   a.   ORR program manager
   b.   OGM grant management specialist
   c.   Technical Assistance Provider
   d.   Other (please specify)

Please rate your level of agreement with the following six statements:

4.2 "ACF staff are accessible to me and/or my organization." (Multiple choice, select one)
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree

      e.   Strongly disagree

4.3 "ACF staff are approachable." (Multiple choice, select one)
    a.   Strongly agree
    b.   Somewhat agree
    c.   Neither agree nor disagree
    d.   Somewhat disagree
    e.   Strongly disagree

4.4 "The assistance that I receive from ACF staff is helpful." (Multiple choice, select one)
    a.   Strongly agree
    b.   Somewhat agree
    c.   Neither agree nor disagree
    d.   Somewhat disagree
    e.   Strongly disagree

4.5 "The assistance that I receive from ACF staff is provided within an appropriate time frame." (Multiple choice, select one)
    a.   Strongly agree
    b.   Somewhat agree
    c.   Neither agree nor disagree
    d.   Somewhat disagree
    e.   Strongly disagree

4.6 "The assistance that I receive from ACF staff completely resolves my issue." (Multiple choice, select one)
    a.   Strongly agree
    b.   Somewhat agree
    c.   Neither agree nor disagree
    d.   Somewhat disagree
    e.   Strongly disagree

4.7 "ACF staff provide enough community building opportunities among organizations operating similar programs to mine." (Multiple choice, select one)
    a.   Strongly agree
    b.   Somewhat agree
    c.   Neither agree nor disagree
    d.   Somewhat disagree
    e.   Strongly disagree

4.8   What additional feedback or suggestions do you have to improve the frequency of community-building opportunities provided by ACF staff? (Text, open-ended)

4.9   Which topics are you most interested in learning about from other organizations? Please select all that apply. (Checkbox, select multiple)
    a.   Grantee updates, project summaries, and lessons learned
    b.   Tools and resources developed by grantees (e.g., assessment tools, community outreach strategies, etc.)
    c.   Assessment and/or intake tools for supporting program participants
    d.   Developing and maintaining community partnerships

    e.   Other (please specify)
    f.   Not Applicable

4.10 Please provide additional concerns, feedback, or improvement suggestions regarding ACF's helpfulness. (Text, open-ended)

Section 5 – General Demographics

This section captures information about your organization's grant from the Administration for Children and Families (ACF) – Office of Refugee Resettlement (ORR). (5 questions)

5.1 Which ACF-ORR grant is your organization an awardee of? Please select all that apply. (Checkbox, select multiple)
    a.   Ethnic Community Self-Help (ECSH) Program
    b.   Individual Development Accounts (IDA) Program
    c.   Microenterprise Development (MED) Program
    d.   Preferred Communities (PC) Program
    e.   Refugee Agriculture Partnership (RAPP) Program
    f.   Refugee Career Pathways (RCP) Program
    g.   Refugee Family Child Care Microenterprise Development (RFCCMED)
    h.   Services for Survivors of Torture (SOT) Program

Note: Questions 5.2-5.4 are conditional and based on the grant program(s) selected in Question 5.1.

5.2 At this time, how far along in the [ORR grant] program's grant lifecycle is your organization? (Multiple choice, select one)
    a.   First year
    b.   Second year
    c.   Third year
    d.   Fourth year
    e.   Fifth year
    f.   I'm not sure

5.3 Is this the final year of your organization's [ORR grant] grant award? (Multiple choice, select one)
    a.   Yes
    b.   No
    c.   I'm not sure

5.4 Is this the first time that your organization has been directly awarded this [ORR grant] grant? (Multiple choice, select one)
    a.   Yes
    b.   No
    c.   I'm not sure

5.5 Are you currently administering any other U.S. government grants (ACF or otherwise)? (Multiple choice, select one)
    a.   Yes
    b.   No
    c.   I'm not sure

    Conditional: If user selects option a – queue question 5.5a:

5.5a If you are comfortable sharing, what other U.S. government grant are you also managing?
(Text, open-ended)

Closing

Thank you for completing the survey, we appreciate your feedback! The information and insights you shared will help shape and target ongoing improvement efforts. Please feel free to contact **[insert relevant POC name and email address]** with any questions or comments you may have.