Form Approved

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**Office of Population Affairs (OPA)**

**2021 Annual Grantee Satisfaction Survey**

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**Office of Population Affairs (OPA)**

**Embryo Adoption Awareness (EAA), Teen Pregnancy Prevention (TPP), and Title X Family Planning Services Grants**

**2021 Annual Grantee Satisfaction Survey**

**Introduction:**

You have received this survey because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Population Affairs (OPA). The purpose of this survey is to assess your satisfaction with OPA grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OPA and our contractors. OPA plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

If you have more than one federal award from OPA, you will see some questions repeated for each grant project. Feel free to consult with others within your organization on each of your grant projects, but you can only submit one survey per grant. You may stop and start the survey at any time. Once you click the submit button, you cannot revise any responses.

Your participation is voluntary and confidential. You can skip any item. Please provide honest responses and complete information. Your responses will not affect your current award or your eligibility for, or receipt of, future services or funding.

Do not put your name or organization’s name on the survey. Results will be reported to OPA in a manner that does not identify information about an individual or an organization and to be used only for the purposes of continuous quality improvement. Aggregated results may be used by OPA to share with selected stakeholders (e.g., grantees, federal partners) for the purposes of knowledge-sharing and improving processes.

Please take the time to complete the survey. It should take about 20 minutes to complete. If you have questions about this survey, please email Dr. Tiara N. Rosemond at OPASupport@norc.org. Thank you for your participation.

1. Is this the organizations’s first OAH/OPA grant?

\_\_ Yes

\_\_ No

*If not first grant/Title X and EAA grantees:*

How long has your organization been an OPA/OAH grantee? \_\_\_\_\_\_\_\_\_\_

**OPA GUIDANCE, TRAINING & TECHNICAL ASSISTANCE**

**Project Officer Monitoring and Support**

1. Please rate your satisfaction with your Project Officer in the following areas:*Question will repeat for each grant/project officer.*

|  | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied | Not applicable |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Guidance on grant program expectations
 |  |  |  |  |  |  |
| 1. Guidance on programmatic reporting
 |  |  |  |  |  |  |
| 1. Frequency of communication (email, phone calls)
 |  |  |  |  |  |  |
| 1. Promptness in responding to inquiries
 |  |  |  |  |  |  |
| 1. Clarity of communication
 |  |  |  |  |  |  |
| 1. Consistency in messaging
 |  |  |  |  |  |  |
| 1. Oversight and monitoring of your grant project
 |  |  |  |  |  |  |
| 1. Adequacy of TA resource(s) and support(s) to help your grant project succeed (e.g., connecting to other grantees, sharing TA)
 |  |  |  |  |  |  |
| 1. Level of professionalism (e.g., courteousness, responsiveness, respectfulness)
 |  |  |  |  |  |  |
| 1. Overall performance
 |  |  |  |  |  |  |

1. Would you like more or less communication from your project officer(s)?
	1. More communication
	2. Stay the same
	3. Less communication

**Programmatic Guidance and Project Officer Feedback**

1. Please consider written communications and resources that you have received from OPA and rate your level of agreement with the statements below: *Question will repeat for each grant.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **OPA Funding Opportunity Announcements (FOA)**  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The FOA was clear and easy to understand.
 |  |  |  |  |  |  |
| 1. The grant expectations included in the FOA are clear and easy to understand.
 |  |  |  |  |  |  |
| 1. Technical Assistance related to the FOA was useful.
 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Planning Period Activities***(TPP Only)* | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. Guidance was clear and easy to understand.
 |  |  |  |  |  |  |
| 1. Guidance was provided within sufficient time.
 |  |  |  |  |  |  |
| 1. Planning Period activities such as webinars, workshops, and office hours were useful*.*
 |  |  |  |  |  |  |
| 1. The FOA Expectations Chart was useful during program implementation. *(Not asked of EAA grantees)*
 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Officer Feedback on Progress Reports** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The feedback was clear and easy to understand.
 |  |  |  |  |  |  |
| 1. The feedback was helpful in identifying areas of continuous improvement for our grant.
 |  |  |  |  |  |  |
| 1. The feedback was consistent with the expectations outlined in the FOA.
 |  |  |  |  |  |  |
| 1. The feedback received was timely.
 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OPA Continuation Application Guidance** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The guidance was clear and easy to understand.
 |  |  |  |  |  |  |
| 1. The guidance was provided within sufficient time.
 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Officer Feedback on Continuation Applications** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The feedback was clear and easy to understand.
 |  |  |  |  |  |  |
| 1. The feedback was helpful in identifying areas of continuous quality improvement for our grant.
 |  |  |  |  |  |  |
| 1. The feedback was consistent with the expectations outlined in the FOA.
 |  |  |  |  |  |  |

1. Did you organization participate in a OPA site visit within the past grant year?
2. Yes
3. No

*Note: For Title X programs, the phrase “OPA Program Review (In-person or Virtual)” will be used instead of OPA site visit for these questions.*

*If yes, respondents will see these questions:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OPA Site Visit** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The notice provided for the site visit allowed adequate time to prepare.
 |  |  |  |  |  |  |
| 1. The TA and support provided during the site visit were helpful.
 |  |  |  |  |  |  |
| 1. OPA recommendations were consistent with what was discussed during the site visit.
 |  |  |  |  |  |  |
| 1. OPA recommendations resulting from the site visit were clear and easy to understand.
 |  |  |  |  |  |  |
| 1. OPA recommendations following the site visit were helpful for the continuous quality improvement of our grant.
 |  |  |  |  |  |  |

1. **Other OPA Staff/Contractor Support:** Please rate your satisfaction with the guidance and support received from other OPA staff (i.e., Evaluation Team, MAX Core Team). *EAA grantees will* ***not*** *see these questions.* Qualifying question – pipe responses into matrix question

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with support from: | Verysatisfied | Satisfied | NotSure | Dissatisfied | Verydissatisfied | Notapplicable |
| 1. OPA Evaluation Technical Assistance (Mathematica)
 |  |  |  |  |  |  |
| 1. OPA MAX Core Team
 |  |  |  |  |  |  |
| 1. OPA TA Provider (JSI)
 |  |  |  |  |  |  |
| 1. Reproductive Health National Training Center (RHNTC) (formerly Family Planning National Training Center (FPNTC) Team)
 |  |  |  |  |  |  |
| 1. National Clinical Training Center for Family Planning (NCTCFP) Team *(Title X only)*
 |  |  |  |  |  |  |
| 1. OPA Performance Measures Contractor (OPA Performance Measures Support team or RTI)

*(Title X will not see the question)* |  |  |  |  |  |  |
| 1. GAM (Grants Management Office and Specialist)
 |  |  |  |  |  |  |

1. Overall, how satisfied are you with the ***support*** you’ve received from OPA for your project?
2. Very satisfied
3. Satisfied
4. Not Sure
5. Dissatisfied
6. Very Dissatisfied
7. Please indicate how often you participated during this past grant year; and overall how satisfied you were with the support: *Question will repeat for each grant.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Webinars and meetings**  |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **Technical Assistance Opportunities** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **Virtual Training and workshops** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |

*For Title X recipients:*

**OPA and OPA-Funded National Training Centers Training and Technical Assistance:** For the next set of OPA and OPA-Funded Training and Technical Assistance Supports, please indicate how often you participated during this past grant year; and overall how satisfied you were with the support: *Question will repeat for each grant.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OPA webinars** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **RHNTC webinars** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **NCTCFP webinars** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **RHNTC customized (individual) TA** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |
| **NCTCFP on-site (in-person) training** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? |  |  |  |  |  |  |
|  | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? |  |  |  |  |  |  |

**OPA Training and TA Products**

1. Have you used any OPA and/or OPA-Funded National Traning Centers TA products (e.g., tip sheets, tool kits, online learning modules, TA briefs) in the current budget period? *(Will not be asked of EAA grantees)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Notapplicable |
| Grant #1 |  |  |  |
| Grant #2 |  |  |  |
| Grant #3 |  |  |  |
| …. |  |  |  |

*If participant answers all “No” values, the survey will automatically skip to Q13*

1. How do you hear about OPA’s TA product(s)? Check all that apply.

\_\_ MAX.gov

\_\_ Max Cohort listervs *(TPP only)*

\_\_ OPA website search (www.opa.hhs.gov)

\_\_ OPA Grantee Digest

\_\_ OPA Bulletin

\_\_ OPA Twitter (@HHSPopAffairs)

\_\_ Project Officer

\_\_ Other (please specify)

*For Title X: How do you hear about OPA and OPA-Funded National Training Centers training and TA products?*

\_\_ MAX.gov

\_\_ OPA website search (www.opa.hhs.gov)

\_\_ OPA Grantee Digest

\_\_ OPA Bulletin

\_\_ OPA Twitter (@HHSPopAffairs)

\_\_ RHNTC (formerly FPNTC) website (rhntc.org)

\_\_ RHNTC email newsletter

\_\_ NCTCFP website (ctcfp.org)

\_\_ NCTCFP listserv

\_\_ Other (please specify)

1. How often would you say you use OPA training and TA products (click here to view)?

For Title X: How often would you say you use OPA and/or OPA-funded National Training Centers training and TA products?

\_\_ Never

\_\_ Frequently (1-2 times a month)

\_\_ Seldom (1-2 times a quarter)

\_\_ Rarely (1-2 times a year)

1. What type of the OPA and/or OPA-Funded National Training Centers training and TA products have you used?? (Check all that apply)

\_\_ Printable pdfs

\_\_ Web text

\_\_ Tip sheets

\_\_ e-Learning modules

\_\_ Checklists

\_\_ Toolkits

\_\_ Webinars

\_\_ Videos

\_\_ Other (please specify)

\_\_ Templates

For Title X, the following items will be added to the list:

\_ Job aids

\_ Factsheets

\_ Virtual coffee breaks

\_ Podcasts

\_ Articles of interest

\_ Larc link

\_ Competencies connections

Based on choices selected (Qualtrics will show only the products selected in the previous section), which TA products were ***most*** helpful?

Based on choices selected (Qualtrics will show only the products selected in the previous section), which TA products were ***least*** helpful?

**Overall Guidance and Training and Technical Assistance Feedback**

1. Please describe how the support, training, and technical assistance you received from OPA has affected your project. [Text Box] *Question will repeat for each grant.*
2. Use this space to provide any suggestions for improving support from OPA project officers, staff and/or contractors. [Text Box]
3. Use this space to provide any suggestions for improving OPA programs. [Text Box]
4. Use this space to provide any suggestions for improving OPA programmatic guidance and/or technical assistance. [Text Box]
5. Overall, how sataisfied are you with the ***guidance*** provided by OPA for your project?
6. Very satisfied
7. Satisfied
8. Not Sure
9. Dissatisfied
10. Very Dissatisfied

**Web-Based Communications/Resources**

**MAX.gov** *– This section will be skipped for Title X and EAA recipients in the online survey.*

1. Please indicate the extent to which you agree with these statements about the components of  [MAX.gov](https://community.max.gov/display/HHSExternal/About%2BOAH%2BMAX)  (click her to view): *Question will repeat for each grant.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MAX: | Strongly agree | Agree | Not Sure | Disagree | Strongly disagree | Have not used/done yet |
| 1. Log-in procedures are clear.
 |  |  |  |  |  |  |
| 1. Navigation and finding information are easy.
 |  |  |  |  |  |  |
| 1. User design/experience is pleasing.
 |  |  |  |  |  |  |
| 1. Files upload smoothly.
 |  |  |  |  |  |  |
| 1. MAX is useful.
 |  |  |  |  |  |  |
| 1. MAX listservs are valuable.
 |  |  |  |  |  |  |
| 1. The site is easy to use.
 |  |  |  |  |  |  |
| 1. I understand when to use this system
 |  |  |  |  |  |  |

How satisfied are you with OPA MAX?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Satisfaction with MAX.gov** | Verysatisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
|  |  |  |  |  |  |  |

**TPP Performance Measures /** **Family Planning Annual Report (FPAR) and Clinical Locator Database (Title X)**

The next set of items is about your project’s perceptions of the Performance Measures (PMs).

1. Please indicate the extent to which you agree with these statements about the TPP performance measures (PMs), PM submission process, and support you receive to submit the PMs:

| TPP Performance Measures (PM) Attributes: | Strongly agree | Agree | Not Sure | Disagree | Strongly Disagree | Have not used/done yet |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The PM submission process is easy.
 |  |  |  |  |  |  |
| 1. Sufficient support is provided to submit the PMs.
 |  |  |  |  |  |  |
| 1. PM reports are useful for our project’s Continuous Quality Improvement (CQI) process.
 |  |  |  |  |  |  |

For Title X:

The next set of items is about your project’s perceptions of the Family Annual Reporting (FPAR) 1.0 and Clinical Locator Database.

Please indicate the extent to which you agree with these statements about the Family Planning Annual Report (FPAR):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family Planning Annual Report (FPAR) 1.0 Attributes: | Strongly agree | Agree | Not Sure | Disagree | Strongly Disagree | Have not used/done yet |
| 1. The FPAR 1.0 submission process is easy.
 |  |  |  |  |  |  |
| 1. Sufficient support is provided to submit and/or update information in the Clinical Locator Database
 |  |  |  |  |  |  |
| 1. FPARs are useful for our project’s Continuous Quality Improvement (CQI) process.
 |  |  |  |  |  |  |

 *How satisfied are you with the FPAR 1.0 Data System and support?*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Satisfaction with FPAR 1.0 Data System** | Verysatisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| Satisfaction with FPAR 1.0 Data System |  |  |  |  |  |  |
| Satisfaction with FPAR 1.0 Data System ***Help Desk*** |  |  |  |  |  |  |

Please indicate the extent to which you agree with these statements about the Clinical Locator Database:

| Clinical Locator Database Attributes: | Strongly agree | Agree | Not Sure | Disagree | Strongly Disagree | Have not used/done yet |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The Clinical Locator Database submission process is easy.
 |  |  |  |  |  |  |
| 1. Sufficient support is provided for the Clinical Locator Database.
 |  |  |  |  |  |  |
| 1. The Clinical Locator Database is useful to disseminate information about a project’s available services and family planning service site locations.
 |  |  |  |  |  |  |

*How satisfied are you with* [Clinical Locator Database](https://opa-fpclinicdb.hhs.gov/) and support?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Verysatisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| Satisfaction with Clinical Locator Database |  |  |  |  |  |  |
| Satisfaction with Clinical Locator Database ***Help Desk*** |  |  |  |  |  |  |

**OPA Website**

This next set of questions is about the OPA website: [www.opa.hhs.gov](file:///C%3A%5CUsers%5Cnaomie.gathua%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CVSP8ZV29%5Cwww.opa.hhs.gov).

1. How often have you used the OPA website in this past grant year?

\_\_ Daily

\_\_ Weekly

\_\_ Monthly

\_\_ Quarterly

\_\_ Never (SKIP to Q22)

1. Please indicate how useful resources in the following sections of the OPA website have been for your project in the past grant year. (Check “not used” if you have not used the resource).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Usefulness of the OPA Website Resources | Very useful | Useful | Somewhatuseful | Not at alluseful | Not used |
| 1. [Adolescent Development](https://www.hhs.gov/ash/oah/adolescent-development/index.html): Information on adolescent health topics
 |  |  |  |  |  |
| 1. [Reproductive Health](https://opa.hhs.gov/reproductive-health):

Information on reproductive health topics  |  |  |  |  |  |
| 1. [Evaluation & Research](https://www.hhs.gov/ash/oah/evaluation-and-research/index.html): Information on expanding evidence and advancing best practices
 |  |  |  |  |  |
| 1. [Grant Programs](file:///C%3A%5CUsers%5Cnaomie.gathua%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CVSP8ZV29%5COpa.hhs.gov%5Cgrant-programs): Information on OPA grant programs
 |  |  |  |  |  |

**Grantee Digest**

1. How often do you read the OPA *Grantee Digest* email?

\_\_ Daily

\_\_ Weekly

\_\_ Monthly

\_\_ Quarterly

\_\_ Never (SKIP to Q24)

1. Please rate your satisfaction with the information and resources provided in the *Grantee Digest:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *Grantee Digest* | Verysatisfied | Satisfied | Not Sure | Dissatisfied | VeryDissatisfied | Not applicable |
| a. Organization of information |  |  |  |  |  |  |
| b. Sufficiency of detail to meet your program needs |  |  |  |  |  |  |
| c. Relevance to your areas of need |  |  |  |  |  |  |
| d. Comprehensiveness in addressing the scope of issues that you face |  |  |  |  |  |  |

**OPA Bulletin**

1. How often do you read the *OPA* *Bulletin* (the OPA e-newsletter that comes out every other month)?

\_\_ Daily

\_\_ Weekly

\_\_ Monthly

\_\_ Quarterly

\_\_ Never (SKIP to Q26)

1. Please rate your satisfaction with the information and resources provided in the *OPA Bulletin:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *OPA Bulletin* | Verysatisfied | Satisfied | Not Sure | Dissatisfied | VeryDissatisfied | Not applicable |
| a. Organization of information |  |  |  |  |  |  |
| b. Sufficiency of detail to meet your program needs |  |  |  |  |  |  |
| c. Relevance to your areas of need |  |  |  |  |  |  |
| d. Comprehensiveness in addressing the scope of issues that you face |  |  |  |  |  |  |

**OPA Twitter (@HHSPopAffairs)**

1. How often do you read the tweets fromOPA’s Twitter account @HHSPopAffairs?

\_\_ Daily

\_\_ Weekly

\_\_ Monthly

\_\_ Quarterly

\_\_ Never (SKIP to Q28)

1. How useful do you find the information and resources shared on OPA’s Twitter account @HHSPopAffairs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Usefulness of OPA Twitter Feed | Veryuseful | Useful | Not Sure | Somewhat useful | Not at alluseful | Not used |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *OPA* *Twitter Feed* | Verysatisfied | Satisfied | Not Sure | Dissatisfied | VeryDissatisfied | Not applicable |
| a. Organization of information |  |  |  |  |  |  |
| b. Usefulness of the OPA Twitter posts |  |  |  |  |  |  |
| c. Relevance to your areas of need |  |  |  |  |  |  |

**Overall Digital Communications/Resources (i.e., web, e-newsletters, and social media) Feedback**

1. Use this space to provide any suggestions for improving OPA web-based and digital communications/resources.

[Text Box]

1. Overall, how satisfied are you with the ***resources*** provided by OPA for your project?
2. Very satisfied
3. Satisfied
4. Not Sure
5. Dissatisfied
6. Very Dissatisfied

**OVERALL SATISFACTION WITH OPA’S RESOURCES AND SUPPORT**

1. Overall, how satisfied are you with OPA for your grant project?
2. Very satisfied
3. Satisfied
4. Not Sure
5. Dissatisfied
6. Very Dissatisfied

Thank you for your cooperation.

[End of Survey]