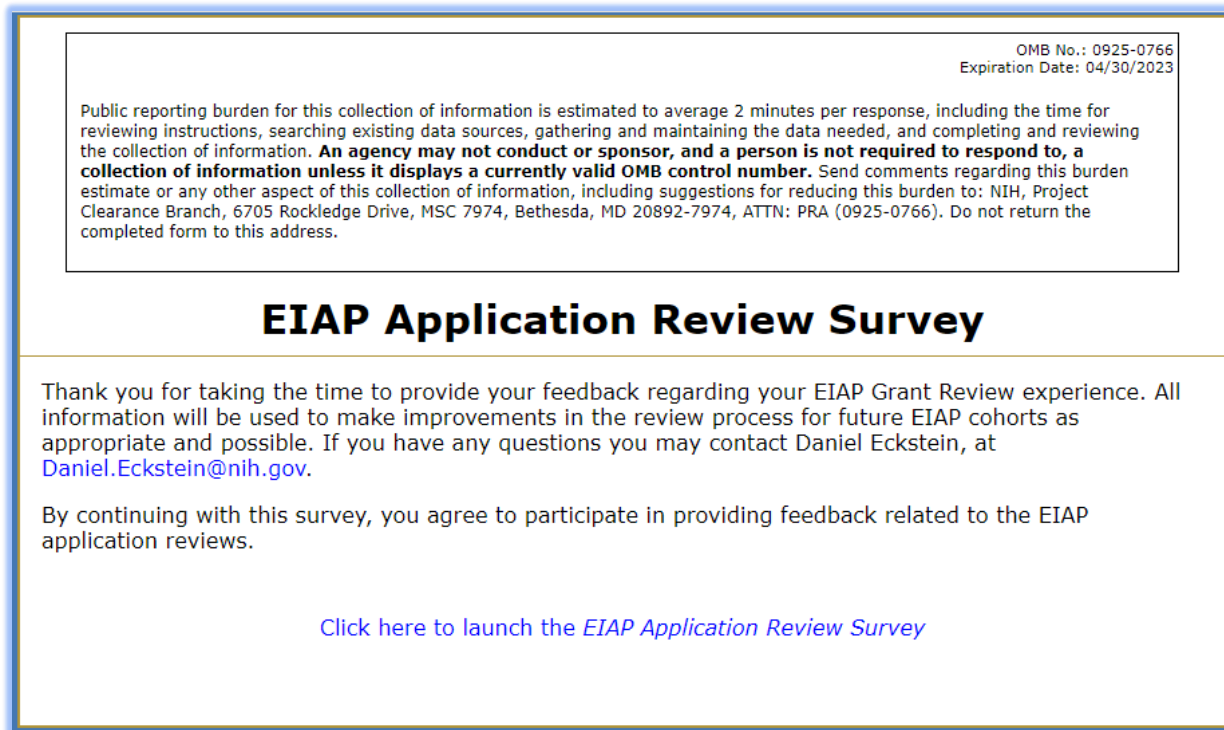


EIAP Application Review Survey Screenshots

Overview

This document contains screenshots of each page within the EIAP Application Review survey. The page header containing the survey title is repeated on each page. To save space in this document, the header is omitted from Figures 2 – 12. The OMB number and expiration date are displayed at the top of the survey launch page (Figure 1), before the respondent accesses the first question in the survey.

Page Screenshots



OMB No.: 0925-0766
Expiration Date: 04/30/2023

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0766). Do not return the completed form to this address.

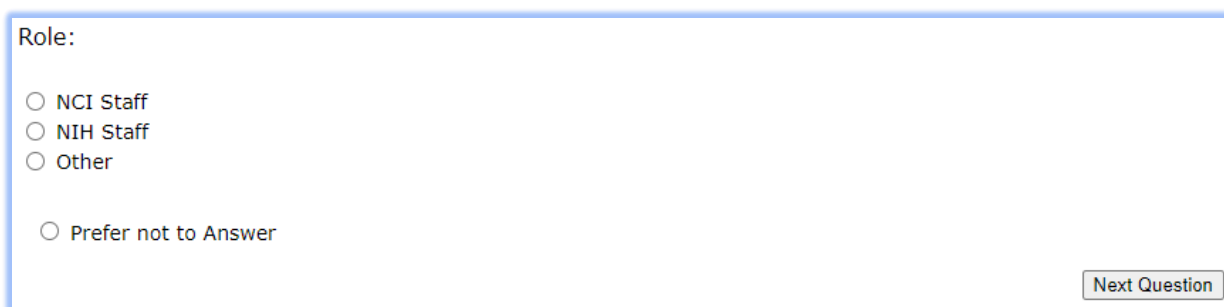
EIAP Application Review Survey

Thank you for taking the time to provide your feedback regarding your EIAP Grant Review experience. All information will be used to make improvements in the review process for future EIAP cohorts as appropriate and possible. If you have any questions you may contact Daniel Eckstein, at Daniel.Eckstein@nih.gov.

By continuing with this survey, you agree to participate in providing feedback related to the EIAP application reviews.

[Click here to launch the EIAP Application Review Survey](#)

Figure 1. Survey launch page, with OMB information.



Role:

NCI Staff

NIH Staff

Other

Prefer not to Answer

Next Question

Figure 2. Role Question

Please specify your other role.

Prefer not to Answer

Previous Question

Next Question

Figure 3. If "Other" selected on Role question, specify Other Role

The EIAP Application Evaluation instructions were clear.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Prefer not to Answer

Previous Question

Next Question

Figure 4. EIAP Application Review Question 1

What parts could have been clearer?

Prefer not to Answer

Previous Question

Next Question

Figure 5. If Question 1 = Disagree or Strongly Disagree, Question 1 follow up.

The amount of communication I received from the EIAP team regarding my application review responsibilities was [Insufficient, Sufficient, Too much].

- Insufficient
- Sufficient
- Too much

Prefer not to Answer

Previous Question

Next Question

Figure 6. EIAP Application Review Question 2

What additional communication would you have liked to receive?

Prefer not to Answer

Previous Question

Next Question

Figure 7. If Question 2 =Insufficient, Question 2 follow up.

The application itself provided sufficient detail for Reviewers to make an informed review.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Prefer not to Answer

Previous Question

Next Question

Figure 8. EIAP Application Review Question 3

The total number of applications I reviewed was:

Prefer not to Answer

Previous Question

Next Question

Figure 9. EIAP Application Review Question 4

The number of applications I was assigned to review was [too few, the right number, too many].

- too few
- the right number
- too many

Prefer not to Answer

Previous Question

Next Question

Figure 10. EIAP Application Review Question 5

Please provide any feedback you might have that you believe could improve the EIAP application review process.

Prefer not to Answer

[Previous Question](#)

[Submit](#)

Figure 11. EIAP Application Review – Additional Comments

Survey Complete!

Thank you for taking the time to provide feedback.

Figure 12. Survey Complete Screen