

## [Section 1] Introduction to Survey & Consent

The Administration for Children and Families (ACF) is seeking your feedback as a recipient of an **ACF discretionary grant**. The goal of this survey is to better understand your organization's experience as a grant recipient so that we can improve how we serve and support our grant recipients in the future.

Responses to this survey do not impact your organization's evaluation as a recipient or selection for future awards. **Your participation in this survey is completely voluntary, private and will have no bearing on future funding decisions.** However, we would greatly appreciate your participation since it will help us improve the services and support we provide grant recipients like you.

This survey is comprised of a series of short sections and **should take no more than 10 minutes to complete**. Please feel free to gather multiple perspectives from others in your organization when filling out this survey. If necessary, **you may pause or exit the survey and return to it later** to complete your answers.

Thank you in advance for taking the time to provide your feedback!

### Data Privacy Disclosure

I understand that any data or information provided by me as part of this survey may be used by the organization conducting the survey in connection with this survey, other studies, or analyses performed by the organization conducting the survey or in connection with services provided by the organization conducting the survey or otherwise.

I understand that any such data or information may be disclosed by the organization conducting the survey to related entities or other third parties, including, without limitation, in publications, in connection with this survey or such studies, analyses, or services, provided that such data or information does not contain any information that identifies me or associates me with the responses I have provided to this survey.

I am permitted to respond to the survey questions pertaining to my company including, without limitation, in accordance with the policies of my company and its board of directors (or similar governing body).

I understand disclosure of such data or information may be required by law, in which case, the organization conducting the survey will endeavor to notify me.

- I agree
- I disagree (if you do not agree with the above statements, you will not be able to participate)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to better understand the experience of its grant recipients to serve them more effectively by identifying and resolving grant recipient challenges to service delivery. Public reporting burden for this collection of information is estimated to average 9 minutes per respondent, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact Emily Mella at [Emily.Mella@acf.hhs.gov](mailto:Emily.Mella@acf.hhs.gov).

## [Section 2] Relational Block

1) Is this the **first discretionary grant** your organization has received from ACF?

- a) Yes
- b) No
- c) Unsure

2) Has your organization **previously applied** for discretionary grant funding from ACF?

- a) Yes
- b) No
- c) Unsure

3) Does your organization **currently** receive discretionary grant funding from more than one ACF office?

\*

- a) Yes, our organization receives funding from multiple ACF offices.
- b) No, our organization receives funding from only one ACF office.
- c) Unsure

4) Does your organization currently receive grant funding from any other federal government agencies besides ACF? \*

- a) Yes, our organization receives grant funding from multiple federal government agencies.
- b) No, the only federal government grant funding we receive is from ACF.
- c) Unsure

5) [Shown only to recipients with funding from multiple ACF offices] Since you shared your organization receives funding from multiple ACF offices, we'd like to ask you a few questions about **your impression of ACF overall**.

When thinking about your **overall experience** with the Administration for Children and Families (ACF), how satisfied are you with your experience?

Very dissatisfied (1)	Somewhat dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Somewhat satisfied (4)	Very satisfied (5)	N/A
0	0	0	0	0	0

**6) [Shown only to recipients with funding from multiple ACF offices]** Please select your agreement with the following statement: "ACF understands the real needs of our project participants." \*

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**7) [Shown only to recipients with funding from multiple ACF offices]** Overall, to what extent do you agree that it is easy to work with ACF? \*

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**8) [Shown only to recipients with funding from multiple ACF offices]** To what extent do you agree that your organization receives the information and support needed from ACF for successful project delivery? \*

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**9) [Shown only to recipients with funding from multiple ACF offices]** Overall, to what extent do you trust ACF? Please indicate on a scale of 1-5, where 1 indicates not at all and 5 indicates you trust ACF completely. \*

1	2	3	4	5	N/A
0	0	0	0	0	0

**10)** Please select from the following drop-down menu the ACF office with which your organization most closely interacts: \*

▼ Administration for Native Americans (ANA) ... Office on Trafficking in Persons (OTIP)

**11) [Only shown to recipients with multiple sources of government funding]** If you are comfortable sharing, what other federal government grant(s) is your organization managing?

\_\_\_\_\_

**12)** Overall, how satisfied are you with the grant program administered by the <ACF program office name>? \*

Very dissatisfied (1)	Somewhat dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Somewhat satisfied (4)	Very satisfied (5)	N/A
0	0	0	0	0	0

**12.1) [Only shown if 'Very satisfied' is selected]** Thanks for letting us know! Can you please tell us what makes working with the <ACF program office name> a positive experience so we can continue to do this for all grant recipients?

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**13)** Please select your agreement with the following statement: "The <ACF program office name> understands the real needs of our project participants."\*

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**14)** To what extent do you agree that it is easy to work with the <ACF program office name>?\*

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**15) To what extent do you agree that your organization receives the information and support needed from <ACF program office name> for successful project delivery? \***

Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	N/A
0	0	0	0	0	0

**16) To what extent do you trust the <ACF program office name>? Please indicate on a scale of 1-5, where 1 indicates not at all and 5 indicates you trust them completely. \***

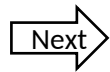
1	2	3	4	5	N/A
0	0	0	0	0	0

**17) [Only shown if score of 1 or 2 on previous relational questions] You indicated that some areas of your partnership with the <ACF program office name> need improvement. We'd love the opportunity to better your experience working with our office. How can we best do that?**

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 Thank you for your answers so far! The remaining survey sections will each be focused on a different aspect of the grant recipient experience.

- Application Stage
- Post-Award Training / Orientation
- Guidance Received
- Technical Assistance
- Grant Reporting

At the end of the survey, there will be a few questions to understand the demographics of your organization. You may also see a question aimed at helping us understand the values and challenges of the grant recipient community.

### [Section 3] Application

Now, please think about your experience **before your organization received its grant award(s)**. This encompasses the time spent planning for and applying for the grant. This does not include the experience once your organization received an award.

18) Overall, how satisfied were you with the application process? \*

Very dissatisfied (1)	Somewhat dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Somewhat satisfied (4)	Very satisfied (5)	N/A
0	0	0	0	0	0

19) Please rate your agreement with the following statements about the **application process**:

Aspect	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
Grant application requirements were easy to understand	0	0	0	0	0	0
The grant application(s) took a reasonable amount of time to complete	0	0	0	0	0	0
There were adequate resources to assist in completing the application	0	0	0	0	0	0

Thank you for sharing about your experience with the application process. Now, we'd like you to think about the experience since your organization was awarded a grant by the <ACF program office name>.

### [Section 4] Post-Award Training / Orientation

Please think back to when your organization was first awarded a grant by the <ACF program office name> and received Post-Award Training. You may also know this as "Orientation" or "Onboarding". This is training meant to familiarize your staff with ACF and help your organization get started on your project.

20) Overall, how satisfied are you with the Post-Award Training that was provided? \*

Very dissatisfied (1)	Somewhat dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Somewhat satisfied (4)	Very satisfied (5)	N/A
0	0	0	0	0	0

21) Please rate your agreement with the following statements about your understanding of your grant following your Post-Award Training:

Aspect	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My organization understood how to access funds awarded to our project	0	0	0	0	0	0
My organization understood who is eligible to be a beneficiary of our project	0	0	0	0	0	0
My organization understood who to contact for support	0	0	0	0	0	0
My organization understood the grant timeline and key deadlines	0	0	0	0	0	0
My organization felt prepared to begin work on our project	0	0	0	0	0	0



### [Section 5] Guidance Received

Please think about the guidance you receive from the <ACF program office name> staff. This encompasses the day-to-day communication your organization has with ACF staff. For example, this could be in response to your questions or in response to external circumstances impacting your project (e.g., COVID-19).

22) Overall, how satisfied are you with the guidance that is provided? \*

Very Dissatisfied (1)	Somewhat Dissatisfied (2)	Neither Satisfied nor Dissatisfied (3)	Somewhat Satisfied (4)	Very Satisfied (5)	N/A
0	0	0	0	0	0

23) Please rate your agreement with the following statements about the guidance you receive:

Aspect	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree	Somewhat Agree (4)	Strongly Agree (5)	N/A

			(3)			
The information provided is clear	0	0	0	0	0	0
The guidance provided is relevant to my organization's areas of need	0	0	0	0	0	0
The guidance provided completely resolves my organization's issue(s)	0	0	0	0	0	0
Staff provides timely information to address my organization's needs	0	0	0	0	0	0
It is easy to access staff	0	0	0	0	0	0



## [Section 6] Technical Assistance

Please think about the technical assistance <ACF program office name> provides. These are the technical trainings and resources meant to help your organization successfully implement your grant programs/projects. Examples may include webinars, assistance documents, and peer learning workshops.

24) Overall, how satisfied are you with the technical assistance provided? \*

Very Dissatisfied (1)	Somewhat Dissatisfied (2)	Neither Satisfied nor Dissatisfied (3)	Somewhat Satisfied (4)	Very Satisfied (5)	N/A
0	0	0	0	0	0

25) Please rate your agreement with the following statements about the technical assistance services provided by <ACF program office name> staff:

Aspect	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
The technical Assistance enhances our staff's skills necessary for successful project delivery	0	0	0	0	0	0
The technical assistance is relevant to my organization's areas of need	0	0	0	0	0	0



Office staff provide adequate assistance in developing resource materials for project use	0	0	0	0	0	0
Office staff create opportunities to learn from peer organizations	0	0	0	0	0	0



## [Section 7] Grant Reporting & Requirements

Please think about the **performance** reporting requirements for your grant when completing this section.

26) Overall, how satisfied are you with the grant reporting that is required? \*

Very Dissatisfied (1)	Somewhat Dissatisfied (2)	Neither Satisfied nor Dissatisfied (3)	Somewhat Satisfied (4)	Very Satisfied (5)	N/A
0	0	0	0	0	0

27) Regarding the **performance** reporting requirements for your grant, please rate your agreement with the following statements:

Aspect	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
The reporting requirements are clear	0	0	0	0	0	0
It is easy to obtain the data that is required to report	0	0	0	0	0	0
It is easy to submit reports electronically	0	0	0	0	0	0
There is assistance available for completing report(s) (e.g., guidance, training, tools)	0	0	0	0	0	0
The data we are required to report is useful to our organization in improving our project	0	0	0	0	0	0

The time required to complete reporting requirements is reasonable	0	0	0	0	0	0
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## [Section 8] Challenges, Pain Points

**28)** Has your organization had difficulty with other components of your grant requirements? Please select all that apply.

- 28.1 Program Reporting Requirements (e.g., Performance Progress Report, Data Indicators Report, etc.)
- 28.2 Financial Reporting Requirements (e.g., Federal Financial Report, other budget and fiscal reporting)
- 28.3 Non-Competing Continuation Application
- 28.4 Grant Amendments (e.g., carryover, budget revisions, etc.)
- 28.5 Monitoring / Site Visit
- 28.6 Accessing Funds via Payment Management System (PMS)
- 28.7 Grant Close Out
- 28.8 Other requirement(s) (Please specify)
- 28.9 None

**29)** Based on your experience administering the ACF grant, please indicate areas that you have found challenging. Please select all that apply.

- 29.1.
  - 8.1. Federal regulations
  - 29.2. Navigating policy guidance
  - 29.3. Insufficient collaboration opportunities
  - 29.4. Insufficient technical assistance to meet project objectives
  - 29.5. ACF's ability to support the unique needs of our organization
  - 29.6. Other (Please Specify)
  - 29.7. None

**30) [Only shown to recipients with multiple sources of government funding]** Thinking about the other government grantmaking agencies your organization interacts with, is there anything we could be doing differently that would improve your experience working with us?

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**31)** Is there anything else you'd like to share about your organization's experience working with <ACF program office name> or with ACF? Please Note: This can include topics not addressed in the survey

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## [Section 9] Demographics

Thank you for letting us know about your experience. Now, we'd like to collect some information about your organization so that we can better serve grant recipients like you.

**32) What is your organization's total annual operating budget for this year?**

If you are unsure, please let us know the total annual operating budget for the most recent year that you have data.

- Under \$100,000
- \$100,000 - under \$500,000
- \$500,000 - under \$1,000,000
- \$1,000,000 - under \$10,000,000
- \$10,000,000 - under \$50,000,000
- \$50,000,000 or more
- Unknown

**33) What is the 5-digit zip code where your organization is headquartered?**

\_\_\_\_\_

**34) Does your grant project serve any of the below populations? (Select all that apply)**

- Early Childhood (ages 0 -5)
- Communities of Color
- Survivors of sexual violence
- Refugees
- Senior citizens
- Veterans
- Disaster victims
- At-risk youth
- Native Communities
- Housing insecure families
- N/A

**35) Does your grant project serve any of the following Native populations?**

- Elders
- Native Veterans
- Missing and Murdered Indigenous People (MMIP)
- Youth (defined as ages 14 - 24)
- Survivors of Sexual Violence
- N/A

**36) At this time, how far along in the ACF grant lifecycle is your organization?**

- First Year
- Second Year
- Third Year
- Fourth Year
- Fifth Year +
- Not Sure

**37) Consider your organization's senior leadership. Do 50% or more of its members identify as one of the below groups? (Select all that apply)**

Note: For the purposes of this survey, senior leadership are defined as board members, heads of organization (President/CEO/Executive Director) and those individuals who report directly to the President/CEO/Executive Director.

- Asian and/or Asian American
- Black and/or African American
- Hispanic / Latinx
- Native American / American Indian / Alaska Native / Native Hawaiian / Other Indigenous Group
- Multi-Racial and/or Multi-Ethnic (2+ races / ethnicities)
- Caucasian / White
- Other (Please Specify) \_\_\_\_\_
- No
- Unknown

**38)** Consider your organization's senior leadership. Do 50% or more of its members identify as one of the below groups? (Select all that apply)

Note: For the purposes of this survey, senior leadership are defined as board members, heads of organization (President/CEO/Executive Director) and those individuals who report directly to the President/CEO/Executive Director.

- Female / Woman
- Male / Man
- Non-binary
- Transgender
- Other (Please Specify) \_\_\_\_\_
- No
- Unknown

**39)** Does your organization qualify for any of the classifications below? (select all that apply)

- Survivor-led
- Community Action Agency
- Faith-based
- State-run
- County-run
- City-run
- Tribal government-run
- Other \_\_\_\_\_

**40)** Did you receive a grant or additional grant funding due to a disaster (e.g., hurricane, flood, wildfire) or public health emergency (e.g., Zika, COVID-19)?

- Yes
- No
- Unsure

**41) [Respondents will be randomly shown only 1 of the 5 following questions]** Thank you for taking the time to thoughtfully provide responses to this survey. We have one final question that will help us think about how we serve grant recipients like your organization.

**Option 1:** What innovative strategies does your organization use to engage at the community level?

**Option 2:** What data would support your organization in identifying and reaching potential beneficiaries?

**Option 3:** What is your organization's definition of "family" when thinking about who is eligible to be served by your programs? What did you consider when you arrived at that definition?

**Option 4:** Do you have specific resiliency practices you implement in your programs to support children, youth, and families? If yes, are you able to use ACF funding to support these practices?

**Option 5:** Overall, to what extent do you agree ACF uses innovative methods to help our organization improve the lives of the individuals and families we serve?

Strongly	Somewhat	Neither	Somewhat	Strongly
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Disagree (1)	Disagree (2)	Agree nor Disagree (3)	Agree (4)	Agree (5)
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## Conclusion

Thank you for your participation in this survey. We look forward to reviewing your responses so that we may better serve you.

**42)** Please check the following box if you would like to give permission to be contacted, should representatives at ACF want to learn more about your responses. Otherwise, you may close your browser window now.

- Yes, I give permission to be contacted by an ACF representative.
- No, I do not give permission to be contacted.

End of Questionnaire