Attachment 4(A-C)

Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce Awardee Training and Services Report Respondent Contact Materials

Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce; Awardee Training and Services Report Invitation and Reminders

Table of Contents

ProvRes Eval Awardee Training and Services Report Invitation and Reminders	2
4A. Awardee Training and Services Report Initial Invitation to Awardees	
•	
4B. Awardee Training and Services Report Reminder 1	
4C. Awardee Training and Services Report Reminder 2	5

4A. Awardee Training and Services Report Initial Invitation to Awardees

Initial contact 1. Sent to all Awardee contacts.

Subject Line: Please complete HRSA Awardee Training and Services Report

Dear [AWARDEE LEAD/PI],

As you know, NORC at the University of Chicago is conducting an evaluation on behalf of the Health Resources and Services Administration (HRSA), to better understand the impact and implementation of program efforts to promote resiliency and mental health in the health workforce. As part of the evaluation, we will ask participants in your grant-funded activities about their experience with these activities. To remind participants about the activities you offered, we want to refer to your program activities and services in a way that they will recognize. For this reason, we ask that you and your team please complete the attached Awardee Training and Services Report by [DATE] and email it to NORC at [helpdeskemail@norc.org.]

To make this process easier for you and your team NORC has pre-populated your form with the information that we have available through other sources, such as the Annual Performance Report. Your timely response is key to remaining on track with our data collection timeline. The attached form includes detailed instructions. If you have any questions or concerns, please email NORC at [helpdeskemail@norc.org] or call [8XX-XXX-XXXX].

NORC's ability to measure the impact of your program depends on the clarity of the information that you provide on the Awardee Training and Services Report. Your organization's assistance will help make the evaluation a success.

This is your chance to help inform future technical assistance programing.

Thank you,
[NORC Project Director and signature]

Public Burden Statement: The purpose of this information collection is to evaluate federal programs designed to support the mental health and resiliency of the healthcare and public safety workforce. 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 Control Number for this information collection is 0915-XXXX and is valid until MM/DD/20XX. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

OMB Control Number: 0915-XXXX OMB Expiration Date: MM/DD/20XX

4B. Awardee Training and Services Report Reminder 1

Initial contact 2. Sent to Awardee contacts who have not yet completed the Awardee Training and Services Report approximately [one week] prior to the Awardee Training and Services Report submission deadline.

Subject Line: Reminder - Complete your HRSA Awardee Training and Services Report [by DATE]

Dear [AWARDEE LEAD/PI],

We are writing to follow up with you about the **Awardee Training and Services Report that is due [by DATE].** Our ability to measure the impact of your program depends on the information that you provide. HRSA is invested in learning about the usefulness of your organization's activities to help inform future funding opportunities.

Please complete the attached Awardee Training and Services Report [by DATE] and email it to NORC at [helpdeskemail@norc.org.] We have pre-populated your form make this process easier for you and your team. Your timely response is critical to remaining on track with the data collection timeline. The attached form includes detailed instructions. If you have any questions, please contact NORC at [helpdeskemail@norc.org or call 8XX-XXX-XXX].

We need your organization's assistance to make this evaluation a success. This is your chance to help inform future technical assistance programing.

Thank you, [NORC Project Director and signature]

OMB Control Number: 0915-XXXX
OMB Expiration Date: MM/DD/20XX

4C. Awardee Training and Services Report Reminder 2

Initial contact 3. Sent to Awardee contacts who have not yet completed the Awardee Training and Services Report approximately two days past the Awardee Training and Services Report submission deadline.

Subject Line: Reminder - Your completed HRSA Awardee Training and Services Report is past due.

Dear [AWARDEE LEAD/PI],

Please note the deadline for submitting your completed Awardee Training and Services Report was [DATE] and we have not heard from your organization. NORC's ability to measure the impact of your program depends on the clarity of the information that you provide. HRSA is invested in learning about the usefulness of your organization's activities to help inform future funding opportunities.

Please complete the attached Awardee Training and Services Report as soon as possible and email it to NORC at [helpdeskemail@norc.org.] We have pre-populated your form to help you and your team complete the report. Because we are using this information to survey participants, your timely response is critical to remaining on track with the data collection timeline. The attached form includes detailed instructions, and if you have any questions, please contact NORC today at [helpdeskemail@norc.org or call 8XX-XXX-XXX].

We need your organization's assistance to make this evaluation a success. This is your chance to help inform future technical assistance programing.

Sincerely, [NORC Project Director and signature]

OMB Control Number: 0915-XXXX
OMB Expiration Date: MM/DD/20XX