

DGMO CUSTOMER SERVICE SATISFACTION SURVEY

OMB Number: 0915-0212

Title: DGMO Customer Service Satisfaction Survey

Expiration Date: XX/XX/XXXX

1. Please select the area in which you work.
[HRSA Office of Federal Assistance Management (OFAM); HRSA Program Office; Other HRSA Office; Grant Recipient; Other External Entity]
2. Please provide the grant number associated with your inquiry.
[Type grant number]
3. What was the primary reason for your contact/communication with the HRSA Division of Grants Management Operations (DGMO)?
[Notice of Funding Opportunity (NOFO)/Grant Application; Notice of Award (NoA); FFR; Prior Approval; Grant Term and/or Condition; Closeout; Other]
4. Which DGMO staff member assisted you?
[Type name]

Considering your most recent interaction with a DGMO staff member, please indicate the degree to which you agree or disagree with the following statements:

5. I am satisfied with the service I received from the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
6. My need was addressed by the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
7. It was easy to complete what I needed to do with assistance from the DGMO employee.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
8. It took a reasonable amount of time to do what I needed to do.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
9. The DGMO employee I interacted with was helpful.
[Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
10. How long did it take for you to receive a response to your specific question, concern or request?
[1-2 business days; 3-4 business days; 5 or more business days; I did not receive a response]
11. How would you rate your overall customer service experience?
[Excellent; Good; Fair; Poor]

12. Do you have any other comments, questions, concerns? Please provide your name and contact information in the Comments if you would like someone from HRSA to follow up with you.
[Type comments]

Public Burden Statement: 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 project is 0915-0212. Public reporting burden for this collection of information is estimated to average .12 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.