

HRSA Grantee Satisfaction Survey Supplemental Survey (5/03/2024)

Pre-Survey

Survey invitation e-mail subject: Additional Feedback Requested! HRSA Grantee Satisfaction Survey

Survey invitation text:

Thank you for completing the Health Resources Services and Administration (HRSA) Grantee Satisfaction Survey. Due to a programming issue, you were inadvertently not asked some questions that we would really like your feedback on. Please take this short survey to share your feedback. It only requires 3 minutes to complete these additional questions.

Click here to access your unique survey link and take the survey now: [\[Survey Link\]](#)

Thank you in advance!

Public Burden Statement: HRSA is surveying HRSA grant recipients to better understand their opinions about HRSA's grants processes and to improve the way HRSA conducts business with them. 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 0906-0006 and it is valid until 03/31/2027. This information collection is voluntary – the response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent. This survey is being administered by CFI Group, an independent third-party research group. Answers will remain anonymous. The information will be kept confidential to the extent permitted by law. Public reporting burden for these additional questions is estimated to average 3 minutes (0.05 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

Introduction

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Thank you in advance!

Please click "Next" below to begin the survey.

If you have any questions or feedback regarding the survey, please email (HRSAGranteeSurvey@hrsa.gov) If you require technical assistance with the survey, please email SurveyHelp@cfigroup.com.

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Screener

Q1. Does your organization receive Federal Tort Claims Act (FTCA) coverage?

Yes	1	
No	2	[SKIP LOGIC: GO TO Q4.]

FEDERAL TORT CLAIMS ACT (FTCA)

Q2. Consider your experiences with the Federal Tort Claims Act (FTCA) program in the past 12 months. Using a scale from 1 to 5, where 1 means "Poor" and 5 means "Excellent", rate the following:

(Select one for each row)

	Poor 1	2	3	4	Excellent 5	NA
Clarity of the FTCA application instructions						
Time it took to complete the application process						
Helpfulness of support in answering questions about the FTCA program						
Usefulness of FTCA technical assistance						

Q3. What can HRSA do to improve the FTCA program? (Optional)

HEALTH CENTER PROGRAM COMMUNITY

[BPHC only Question(s) – Not a Separate Driver- Part of Communication Driver]

Q4. Do you use the online Health Center Program Community?

Yes	1
No	2

Q5. **[SKIP LOGIC: ONLY IF Q4. = 2]** Would you find value in an online community where you could connect and share best practices with other Health Center Program grantees/stakeholders?

Yes	1
Maybe- would need more information	2
No	3

Q6. **[SKIP LOGIC: ONLY IF Q4. = 1]** What do you find most valuable about the Health Center Program Community (select one)?

Ability to connect and collaborate with others	1
Access to specific program resources, recordings, and materials	2
Stay up to date with Health Center Program news	3
It's required by a specific grant/program.	4
Other (Please specify)	5

Q7. **[SKIP LOGIC: ONLY IF Q4. = 1]** Using a scale from 1 to 5, where 1 means Poor and 5 means excellent, how would you rate your experience with:

	Poor 1	2	3	4	Excellent 5	NA
Finding the information you need within the Health Center Program Community?						

Q8. **[SKIP LOGIC: ONLY IF Q4. = 1]** What can HRSA do to improve the Health Center Program Community? **(Optional)**

Post-Survey

We thank you for your time spent taking this survey. Your response has been recorded.