

Your voice matters! Thank you for taking the time to complete this short, anonymous survey about your recent experience applying for a federal grant. The purpose of this survey is to gather information on how to improve Notices of Funding Opportunity (NOFOs).

## Ease of understanding and navigating the Notice of Funding Opportunity (NOFO)

1.	Wha	at is the most recent NOFO to which you applied?
	$\bigcirc$	HRSA-24-019: Primary Care Training and Enhancement
	$\bigcirc$	HRSA-24-009: Radiation Exposure Screening and Education Program
	$\bigcirc$	HRSA-24-012: Rural Communities Opioid Response Program
	$\bigcirc$	HRSA-24-016: Opioid-Impacted Family Support Program
	$\bigcirc$	Other
2.	Did	you see or download the NOFO PDF before applying for the award?
	$\bigcirc$	Yes
	$\bigcirc$	No

organization, readab		ng very good? The of navigation.	nis includes vis	ual design, conte	ent
1 - Very Poor					
<u> </u>					
<u> </u>					
<u> </u>					
5 - Neutral					
<u> </u>					
7					
8					
9					
10 - Very Good					
4. Please explain why y	ou selected th	ne rating above.			
<ol> <li>Please explain why y</li> <li>Please rate the quali</li> </ol>			es?		
			es? Good	Fair	Poor
	ty of each of t	he NOFO feature		Fair	Poor
5. Please rate the quali	ty of each of t	he NOFO feature	Good	$\bigcirc$	$\bigcirc$
5. Please rate the quali Visual Design	ty of each of t	he NOFO feature	Good	$\bigcirc$	$\bigcirc$
5. Please rate the quali  Visual Design  Content Organization	ty of each of t	he NOFO feature	Good	$\bigcirc$	$\bigcirc$
5. Please rate the quali Visual Design Content Organization Readability	ty of each of t	he NOFO feature  Very Good	Good	<ul><li>O</li><li>O</li><li>O</li><li>O</li></ul>	$\bigcirc$
5. Please rate the quali Visual Design Content Organization Readability Ease of Navigation 6. How easy was it to u	ty of each of t	he NOFO feature  Very Good	Good	<ul><li>O</li><li>O</li><li>O</li><li>O</li></ul>	$\bigcirc$

7. How easy was it to understand the **NOFO components?** 

	Extremely Easy	Somewhat Easy	Neutral	Somewhat Difficult	Extremely Difficult
Basic Information	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Program Description	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Eligibility	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Project Narrative	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$
Budget & Budget Narrative	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$
Standard Forms	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Attachments	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Merit Review	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Submission Instructions	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
<ul><li>8. Is there anything specific you'd like to share about the NOFO components?</li><li>9. What was your biggest challenge with the NOFO?</li></ul>					

## Thoughts on the overall NOFO application submission process

10.	Did	you hire someone, such as a grant writer, to help you apply to this NOFO?
	$\bigcirc$	Yes
	$\bigcirc$	No
	$\bigcirc$	Not Sure
11.		roximately how many hours did it take you to complete your application, including the spent preparing attachments?
	$\bigcirc$	1-10 hours
	$\bigcirc$	11-25 hours
	$\bigcirc$	26-40 hours
	$\bigcirc$	41-55 hours
	$\bigcirc$	More than 55 hours
	$\bigcirc$	Not Sure
12.	Whi	ch component within the application took the longest to complete?
	$\bigcirc$	Project Narrative
	$\bigcirc$	Budget & Budget Narrative
	$\bigcirc$	Standard Forms
	$\bigcirc$	Attachments
	$\bigcirc$	Other

13. How w	ould you describe your overall level of effort spent to complete the application?
O Ver	ry low effort
O Lov	w effort
O Ne	eutral
O Hig	gh effort
O Ver	ry high effort
14. How di	d you find the entire NOFO application process compared to previous years?
○ Eas	sier
O Ab	out the same
На	rder
◯ I ha	ave not applied previously
15. How lik	xely are you to apply for future NOFOs?
○ Ext	tremely likely
○ So	mewhat likely
O Ne	putral
○ So	mewhat unlikely
C Ext	tremely unlikely
16. If you h	nad a magic wand and could change one thing about your most recent NOFO tion process, what would it be and why?

## **Background Information**

17.	Please describe your previous experience applying for NOFOs.
	No experience, I've never applied for a NOFO
	Limited experience, I've applied for NOFOs a handful of times
	Substantial experience, I regularly apply for NOFOs
18.	Has your organization applied for a funding opportunity with this agency previously?
	Yes
	O No
	O Not sure
19.	Is your organization involved with underserved communities? Underserved communities include individuals such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
	Yes
	O No
	○ I don't know

20. Тур	e of organization. Select all that apply.
	Non-profit with or without 501(c)(3) status with IRS
	State government
	Local government
	Native American tribal organization or tribal government
	Institutions of higher education
	Faith-based organization
	Community-based organization
	Healthcare institution (such as health clinics, hospitals, and specialty care centers)
	For-profit small business
	Other
21. Wh	at is the size of your organization?
$\bigcirc$	Micro-sized organization: less than 10 employees
$\bigcirc$	Small-sized organization: 10-49 employees
$\bigcirc$	Medium organization: 50-249 employees
$\bigcirc$	Large-sized organization: more than 250 employees

## Thank you!

If you're interested in participating in an interview about your experience, please visit [link to simple Microsoft form where they can add their contact info and submitted NOFO ID/ name/ agency to keep survey anonymized] and enter your contact information.

We'll only use your contact details for this project's interview. Your data will be password protected and accessible only to our evaluation team. Participants will be selected by our evaluation team and will be rewarded \$40 for a 60-minute interview.

Your survey responses and interview information will be anonymized by our evaluation team to ensure privacy.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.