

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. What 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		

6. Hov	-	Extremely Easy	Somewhat Easy	Neutral	Somewhat Difficult	Extremely Difficult
6. Hov	w easy was it to ur	nderstand the	. IIIIOIIIIatioii iii t			
6. How easy was it to understand the information in the overall NOFO ?						
Ea	se of Navigation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Re	eadability	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Co	ontent Organization	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Vis	sual Design	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		Excellent	Very Good	Good	Fair	Poor
5. Please rate the quality of each of the NOFO features?						
4. Please explain why you selected the rating above.						
10 - Very Good						
\bigcirc	9					
○ 8						
O 7						
\bigcirc	6					
\bigcirc	5 - Neutral					
\circ	2					
\bigcirc	1 - Very Poor					

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	\bigcirc	
Standard Forms	\bigcirc	\bigcirc	\bigcirc		\bigcirc	
Attachments	\bigcirc	\bigcirc	\bigcirc		\bigcirc	
Merit Review	\bigcirc	\bigcirc	\bigcirc		\bigcirc	
Submission Instructions	\bigcirc	\bigcirc	\bigcirc		\bigcirc	
8. Is there anything specific you'd like to share about the NOFO components?						
9. What was your biggest challenge with the NOFO?						

Thoughts on the overall NOFO application submission process

10.	0. 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	would you describe your overall level of effort spent to complete the application?
	\bigcirc	Very low effort
	\bigcirc	Low effort
	\bigcirc	Neutral
	\bigcirc	High effort
	\bigcirc	Very high effort
14.	How	did you find the entire NOFO application process compared to previous years?
	\bigcirc	Easier
	\bigcirc	About the same
	\bigcirc	Harder
	\bigcirc	I have not applied previously
15.	How	likely are you to apply for future NOFOs?
	\bigcirc	Extremely likely
	\bigcirc	Somewhat likely
	\bigcirc	Neutral
	\bigcirc	Somewhat unlikely
	\bigcirc	Extremely unlikely
16.	If yo appl	u had a magic wand and could change one thing about your most recent NOFO ication 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
	○ 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
	O I don't know

20.	20. Type 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. What 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.