

## Survey Introduction

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Form Approved  
OMB Control No. 0920-0879  
Expiration Date: 8/31/2026

### CDC Funded Recipient Experience Survey

Welcome to the Centers for Disease Control and Prevention (CDC) funded recipient experience survey for state, tribal, local, or territorial health agency staff. We would like your feedback on the guidance, assistance, and services that CDC provides to funded recipients like you.

This survey will give CDC information about what is working, what could be improved upon, and what direction you would like CDC to take in the future to best support you in achieving your mission and CDC's. Your participation is greatly appreciated.

CDC will share a summary of the survey results and the actions they plan to take with funded recipients in Fall 2024.

#### Survey Instructions

- **Completing the survey is voluntary and takes about 16 minutes, on average.**
- Your survey link is unique. Please do not share it with others.
- You do not have to complete the survey in one sitting. You may exit and return to update your responses until the survey closes.
- You may only submit one response.
- Please be candid. We will not share any identifying information about individual respondents with CDC. Responding to this survey will not affect your current award. Nor will it affect your eligibility for—or receipt of—future services or funding.
- Please do NOT provide any names of individuals in your responses (such as those of your project officer or grants management specialist).

If you have any questions or feedback regarding the survey, please email [recipient-survey@cdc.gov](mailto:recipient-survey@cdc.gov).

If you believe you received this survey in error or require technical assistance with the survey, please email [surveyhelp@cfigroup.com](mailto:surveyhelp@cfigroup.com).

### Please click "Next" below to begin the survey.

**Public Burden Statement:** CDC estimates the average public reporting burden for this collection of information as 16 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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**[Programming Note:** All 1-10 scale questions (except ACSI/Overall Satisfaction) will include a NA option. The NA column of radio buttons will be shaded gray to differentiate it from the 1-10 radio buttons.]

**[Notes for Reviewers** 1. The “Titles” given to each section of questions will not be visible by respondents, this is only to help with the review and feedback process. 2. The navy-blue questions are ACSI model questions, and the black questions are custom questions.]

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## Grant/Cooperative Agreement Selection

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Please select from the drop down below **one** grant or cooperative agreement that you are currently working on. For ALL questions in this survey (unless noted otherwise) please only think about your interactions with the specific grant or cooperative agreement you select.

[INSERT GRANT PROGRAM LIST]

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## Application and Award Processes

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For the following questions, please think about your experiences with the [GRANT PROGRAM] **APPLICATION PROCESS**.

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- AP1. Using a scale of 1 to 10, where 1 is *Not at all helpful* and 10 is *Extremely helpful*, please rate the helpfulness of each of the following application resources:
- a) Notice of Funding Opportunity (NOFO) presentation/Informational webinar.
  - b) Frequently Asked Questions (FAQs) about the NOFO.
  - c) CDC staff identified in the CDC NOFO.
  - d) Information on the CDC website about the NOFO.

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Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- AP2. Clarity of application instructions in NOFO.
- AP3. Amount of detail provided in the NOFO to understand CDC’s expectations for implementing the project.
- AP4. Time given to develop and submit the application.
- AP5. Ease of preparing the application content.
- AP6. Ease of submitting the application via online platform.
- AP7. Helpfulness of support you received on questions about the application process.

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For the following questions, please think about your experiences with the [GRANT PROGRAM] **AWARD PROCESS**.

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Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- GA1. Ease of understanding the terms and conditions outlined in the Notice of Award (NOA).
- GA2. Ease of reaching CDC personnel with questions, issues, or concerns about the award process.
- GA3. Timeliness of responses to your questions about the award.
- GA4. Helpfulness of feedback provided in responses to your questions about the award.
- GA5. Consistency of feedback provided in responses to your questions about the award (e.g., by multiple CDC personnel or over time).
- GA6. Timeliness of receiving the NOA.

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- GA7. Think about the technical review or summary statement you received with your Notice of Award (NOA) for this grant or cooperative agreement. Using a scale of 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate the:
  - a) Clarity of recommendations for changes to the work plan.
  - b) Assistance provided by CDC in making changes to the work plan.
  - c) Time given to make required changes to the work plan.
  - d) Consistency of comments and feedback (e.g., by multiple CDC personnel or over time).
  - e) Helpfulness of the information provided in the review.

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- GA8. What can CDC do to improve the **application and award process** (Please be specific)? [Optional Open End]

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## Monitoring and Reporting

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In the following sections, please keep in mind that your project officer (PO) is the person who is responsible for the programmatic, scientific, and technical aspects of grants or cooperative agreements. Your grants management specialist (GMS) is the primary point of contact for business and administrative matters.

For the following questions, please think about the **MONITORING ACTIVITIES** for [GRANT PROGRAM]. Monitoring activities may include routine and ongoing communication between you and CDC, site visits, and routine and ongoing work plan documentation provided outside of progress or financial reports.

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Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- M1. Clarity of monitoring requirements.
- M2. Reasonableness of monitoring requirements.
- M3. Ease of reaching CDC personnel with questions or concerns about monitoring activities.
- M4. Helpfulness of interaction(s) with CDC personnel while engaged in monitoring activities.
- M5. Ease of using the required online platform(s) for monitoring activities.
- M6. Consistency of guidance from CDC personnel related to monitoring activities (e.g., by multiple CDC personnel or over time).

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- M7. In the past 12 months, have you participated in a CDC site visit for this grant or cooperative agreement, whether in-person or virtually? (Do not include reverse site visits in your response)
  - a) Yes, in-person (on-site at your organization)
  - b) Yes, virtually
  - c) No (skip to R1)
  - d) I do not know (skip to R1)

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Think about your most recent CDC site visit. Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- SV1. Lead time you had to prepare for the site visit.
- SV2. Helpfulness of your project officer (PO) in preparing for the site visit.
- SV3. Helpfulness of your grants management specialist (GMS) in preparing for the site visit.
- SV4. Usefulness of the site visit to achieve program outcomes.

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- SV5. Taking into consideration the time and resources you and your organization spent preparing for your most recent site visit, how burdensome was the site visit **preparation**:
  - a) Not at all burdensome.
  - b) A little burdensome.
  - c) Somewhat burdensome.
  - d) Very burdensome.
  - e) Not sure (I was not involved).

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- SV6. Taking into consideration the time and resources you and your organization spent on required follow up (after action) from your most recent site visit, how burdensome was the required site visit **follow up**:
  - a) Not at all burdensome.
  - b) A little burdensome.
  - c) Somewhat burdensome.
  - d) Very burdensome.
  - e) Not applicable (no follow up was required).
  - f) Not sure (I was not involved).

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SV7. What can CDC do to improve future site visit experiences, including necessary preparation and follow up? (Please be specific.) [Optional Open End]

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For the following questions, please think about the **REPORTING REQUIREMENTS** for this [GRANT PROGRAM]. Reporting requirements include annual progress (performance) reports and financial reports.

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Using a scale of 1 to 10, where 1 is Poor and 10 is Excellent, please rate the:

- R1. Clarity of reporting requirements.
- R2. Ease of gathering and organizing the data/information required for reporting to CDC.
- R3. Ease of reaching CDC personnel with questions or concerns about reporting requirements.
- R4. Helpfulness of interaction(s) with CDC personnel while engaged in reporting requirements.
- R5. Ease of submitting reports to CDC via online platform(s).
- R6. Usefulness of CDC feedback on program reports.
- R7. Usefulness of CDC feedback on financial reports.
- R8. Consistency of guidance from CDC personnel related to reporting requirements (e.g., by multiple CDC personnel or over time).

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- R9. The amount of reporting required for this grant or cooperative agreement, apart from the Federal Financial Report, is:
- a) Too little
  - b) About right
  - c) Too much
  - d) Not applicable

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- R10. Did CDC add new or additional reporting requirements during this award period beyond what was in the NOFO?
- a) Yes
  - b) No
  - c) Not sure

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R11. What can CDC do to improve the **monitoring or reporting requirements** for this grant or cooperative agreement (Please be specific)? [Optional Open End]

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## Training and Technical Assistance

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For the following questions, please think about your experiences with the [GRANT PROGRAM] **TRAINING AND TECHNICAL ASSISTANCE**.

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TTA1. Have you received training or technical assistance (such as webinars, online courses, in-person training, expert assistance, peer networks, or resources) from CDC for this grant or cooperative agreement?

- a) Yes (skip to TTA3)
- b) No (skip to TTA2)

[PAGE BREAK]

TTA2. What are the reasons you have **not** received training or technical assistance for this grant or cooperative agreement? (Select all that apply) (skip to C1)

- a) I did not need training or technical assistance. (skip to C1)
- b) Neither training nor technical assistance were made available by CDC. (skip to C1)
- c) I received training or technical assistance from somewhere else. (skip to C1)
- d) Funds were not available to pay for the training or technical assistance I needed. (skip to C1)
- e) Another reason (please specify) (skip to C1) [Optional Open End]

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TTA3. On which of the following topics have you received CDC training or technical assistance for this grant or cooperative agreement? (Select all that apply)

- a) Budget or fiscal management
- b) Program planning, development, or management.
- c) Best practices available to implement the intended interventions.
- d) Program evaluation or performance improvement.
- e) Other (Please specify) [Optional open end]

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Using a scale of 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate the:

- T1. Ease of requesting training or technical assistance.
- T2. Responsiveness of CDC personnel to your requests for training and technical assistance.
- T3. Ability of CDC personnel to address your concerns or direct you to helpful resources.
- T4. Timeliness of training and technical assistance delivered.
- T5. Usefulness of training and technical assistance delivered.
- T6. Consistency of training and technical assistance delivered (e.g., by multiple providers or over time).

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T7. What can CDC do to improve the **training and technical assistance**? [Optional Open End]

## Communication

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For the next set of questions, please think about CDC's **COMMUNICATION EFFORTS** (emails, newsletters, webcasts, social media, online platforms, online chat) related to [GRANT PROGRAM].

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Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- C1. Timeliness of program communications that include actions you need to take.
- C2. Use of plain language in program communications.
- C3. Consistency of information provided about this program across different communication channels.
- C4. Usefulness of information provided by CDC for program awareness.

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Consider the following communication sources you rely on for updated information about this grant or cooperative agreement. Using a scale of 1 to 10, where 1 is *Not at all Useful* and 10 is *Very Useful*, please rate the:

- C5. Project officer communication you receive.
- C6. Grants management specialist communication you receive.
- C7. General program communications (e.g., newsletters or program listservs) you receive.
- C8. Grant management system-generated notifications you receive.

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- C9. The amount of communication for this grant or cooperative agreement is:
  - a) Too little
  - b) About right
  - c) Too much
  - d) Not applicable

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- C10. What can CDC do to improve its **communication efforts** related to this grant or cooperative agreement (Please specify the type of communication and topic(s))? [Optional Open End]

## Partnership

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For the following questions, please think about the support you receive from CDC personnel (e.g., project officers, grant management specialists, technical, or program staff) on [GRANT PROGRAM].





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Using a scale of 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the:

- P1. CDC personnel's understanding of needs and context specific to your organization.
- P2. CDC personnel's understanding of needs and context specific to your jurisdiction.
- P3. Openness and transparency of CDC personnel about upcoming changes or issues that will affect your grant/cooperative agreement.
- P4. CDC personnel's ability to balance the interests and needs of your organization or program with the interests and needs of CDC.
- P5. CDC personnel's level of respect for me and my organization as an important partner

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- P6. What can CDC do to improve its partnership with you and your organization (Please be specific and DO NOT provide any names of individuals)? [Optional Open End]

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For the following questions, think only about your **current project officer (PO)** for this grant or cooperative agreement.

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- PO1. How long have you worked with your current CDC PO for this grant or cooperative agreement?
  - a) Less than 3 months
  - b) 3 months to 11 months
  - c) 1 to 3 years
  - d) More than 3 years

[PAGE BREAK]

- PO2. Approximately, how often do you have contact with your CDC PO for this grant or cooperative agreement?
  - a) Daily
  - b) Weekly
  - c) Monthly
  - d) Quarterly
  - e) Every six months
  - f) Once per year
  - g) Not sure

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- PO3. Is the frequency of contact with your PO for this grant or cooperative agreement:
  - a) Too little
  - b) About right
  - c) Too much
  - d) Not sure

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PO4. What can CDC do to improve the PO support you receive for this grant or cooperative agreement (please be specific)? [Optional Open End]

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For the following questions, think only about your **current grants management specialist (GMS)** for this grant or cooperative agreement.

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GM1. How long have you worked with your current CDC GMS for this grant or cooperative agreement?

- a) Less than 3 months
- b) 3 months to 11 months
- c) 1 to 3 years
- d) More than 3 years

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GM2. Approximately, how often do you have contact with your CDC GMS for this grant or cooperative agreement?

- a) Daily
- b) Weekly
- c) Monthly
- d) Quarterly
- e) Every six months
- f) Once per year
- g) Not sure

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GM3. Is the frequency of contact with your CDC GMS for this grant or cooperative agreement?

- a) Too little
- b) About right
- c) Too much
- d) Not sure

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GM4. What can CDC do to improve the GMS support you receive for this grant or cooperative agreement (Please be specific)? [Optional Open End]

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For the following questions, please think about **BOTH your PO and GMS** for this grant and cooperative agreement.

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P7. How often do you receive guidance from your PO that is different from the guidance you receive from your GMS for this grant or cooperative agreement?

- a) Never
- b) Rarely
- c) Occasionally
- d) A moderate amount
- e) A great deal
- f) Not sure

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P8. Have you experienced PO or GMS turnover with this grant or cooperative agreement? (Select all that apply) (Turnover refers to either a permanent or temporary change to your main point of contact during this project.)

- a) Yes, PO turnover (Skip to P9)
- b) Yes, GMS turnover (Skip to P10)
- c) No (Skip to P11)
- d) Not sure (Skip to P11)

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P9. How often do you receive guidance from your NEW PO that is different from what you received from your previous PO?

- a) Never
- b) Rarely
- c) Occasionally
- d) A moderate amount
- e) A great deal
- f) Not sure

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P10. How often do you receive guidance from your NEW GMS that is different from what you received from your previous GMS?

- a) Never
- b) Rarely
- c) Occasionally
- d) A moderate amount
- e) A great deal
- f) Not sure

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P11. Think about the budget flexibility you have with this grant or cooperative agreement. On a scale of 1 to 10, where 1 is *Not at all satisfied* and 10 is *Very satisfied*, how satisfied are you with your flexibility to:

- a) Adapt to the changing needs of the intended population served.
- b) Hire the types of staff you need to implement funded activities.
- c) Adapt activities to meet emergent needs that align with the intent of the funding.

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For the following questions, please consider your entire grant or cooperative agreement experience, from the most recent NOFO and application to today for [GRANT PROGRAM].

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## ACSI Benchmark (CSI)

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ACSI1. On a scale of 1 to 10, where 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, please rate your overall satisfaction with your **grant or cooperative agreement** experience.

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ACSI2. On a scale of 1 to 10 where 1 now means *Falls Short of your Expectations* and 10 means *Exceeds your Expectations*, how well has your experience with **this grant or cooperative agreement** met your expectations?

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ACSI3. On a scale of 1 to 10, where 1 is *Not Very Close to Ideal* and 10 is *Very Close to Ideal*, how close to your "ideal" grant experience was your experience with **this grant or cooperative agreement**?

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## Future Behaviors/Outcome Metrics

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OM1. On a scale of 1 to 10 where 1 is *Not at all helpful* and 10 is *Extremely helpful*, how much does CDC's non-monetary support (e.g., communication, technical assistance, personnel) improve your ability to achieve the goals and objectives of the grant or cooperative agreement?

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OM2. On a scale of 1 to 10 where 1 is *No trust at all* and 10 is *Have complete trust*, how much do you trust CDC's commitment to your success as a partner in achieving the goals and objectives of the grant or cooperative agreement?

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## Suggestions for Improvement

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S1. If you could change one aspect of your experience with this grant or cooperative agreement, what would it be? [Optional Open End]

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## Overall

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RE1. How long have you worked on this grant or cooperative agreement?

- a) Less than 1 year
- b) More than 1 but less than 3 years
- c) More than 3 but less than 5 years
- d) More than 5 years
- e) Not sure

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RE2. How many CDC grants or cooperative agreements have you worked on in the past 5 years?

- a) 1 grant or cooperative agreement
- b) 2-5 grants or cooperative agreements
- c) 6-10 grants or cooperative agreements
- d) More than 10 grants or cooperative agreements

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S2. Think about your overall experience with the U.S. Centers for Disease Control and Prevention, across all grants and cooperative agreements of the past 5 years. What changes or improvements can CDC make to improve your overall satisfaction with CDC? [Optional Open End]

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Thank you for sharing your feedback and taking the time to complete the CDC funded recipient survey. We will share the results of this survey with you in the next few months.

[END]