

Attachment B: Instrument: Web Version

[Space is reserved at the top of each page for CDC logo pending approval of licensing agreement.]

Screen 1

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.

Screen 1 Continued

- 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.

If you believe you received this survey in error or require technical assistance with the survey, please email surveyhelp@cfgroup.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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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Screen 2

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

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Survey Completion
0% 100%

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Screen 3

For the following questions, please think about your experiences with the Grant1
APPLICATION PROCESS.

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Survey Completion
0% 100%

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Screen 4

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:

	Not at All Helpful 1	2	3	4	5	6	7	8	9	Extremely Helpful 10	NA
Notice of Funding Opportunity (NOFO) presentation/Informational webinar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequently Asked Questions (FAQs) about the NOFO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC staff identified in the CDC NOFO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on the CDC website about the NOFO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Screen 5

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Clarity of application instructions in NOFO	<input type="radio"/>										
Amount of detail provided in the NOFO to understand CDC's expectations for implementing the project	<input type="radio"/>										
Time given to develop and submit the application	<input type="radio"/>										
Ease of preparing the application content	<input type="radio"/>										
Ease of submitting the application via online platform	<input type="radio"/>										
Helpfulness of support you received on questions about the application process	<input type="radio"/>										

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Screen 6

For the following questions, please think about your experiences with the Grant1
AWARD PROCESS.

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Screen 7

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Ease of understanding the terms and conditions outlined in the Notice of Award (NOA)	<input type="radio"/>										
Ease of reaching CDC personnel with questions, issues, or concerns about the award process	<input type="radio"/>										
Timeliness of responses to your questions about the award	<input type="radio"/>										
Helpfulness of feedback provided in responses to your questions about the award	<input type="radio"/>										
Consistency of feedback provided in responses to your questions about the award (e.g., by multiple CDC personnel or over time)	<input type="radio"/>										
Timeliness of receiving the NOA	<input type="radio"/>										

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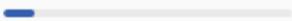
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Screen 8

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:

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Clarity of recommendations for changes to the work plan	<input type="radio"/>										
Assistance provided by CDC in making changes to the work plan	<input type="radio"/>										
Time given to make required changes to the work plan	<input type="radio"/>										
Consistency of comments and feedback (e.g., by multiple CDC personnel or over time)	<input type="radio"/>										
Helpfulness of the information provided in the review	<input type="radio"/>										

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Survey Completion
0%  100%

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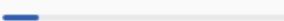
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Screen 9

What can CDC do to improve the **application and award process**? Please be specific.

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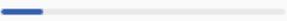
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Screen 10

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 Grant1. 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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0%  100%

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Screen 11

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Clarity of monitoring requirements	<input type="radio"/>										
Reasonableness of monitoring requirements	<input type="radio"/>										
Ease of reaching CDC personnel with questions or concerns about monitoring activities	<input type="radio"/>										
Helpfulness of interaction(s) with CDC personnel while engaged in monitoring activities	<input type="radio"/>										
Ease of using the required online platform(s) for monitoring activities	<input type="radio"/>										
Consistency of guidance from CDC personnel related to monitoring activities (e.g., by multiple CDC personnel or over time)	<input type="radio"/>										

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Screen 12

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.)

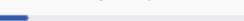
Yes, in-person (on-site at your organization)

Yes, virtually

No

I do not know

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0%  100%

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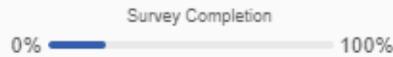
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Screen 13

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:

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Lead time you had to prepare for the site visit	<input type="radio"/>										
Helpfulness of your project officer (PO) in preparing for the site visit	<input type="radio"/>										
Helpfulness of your grants management specialist (GMS) in preparing for the site visit	<input type="radio"/>										
Usefulness of the site visit to achieve program outcomes	<input type="radio"/>										

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Screen 14

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**:

Not at all burdensome

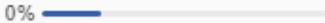
A little burdensome

Somewhat burdensome

Very burdensome

Not sure (I was not involved)

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0%  100%
Survey Completion

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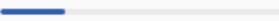
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Screen 15

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**:

- Not at all burdensome
- A little burdensome
- Somewhat burdensome
- Very burdensome
- Not applicable (no follow up was required)
- Not sure (I was not involved)

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Survey Completion
0%  100%

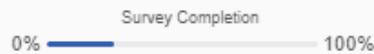
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What can CDC do to improve future site visit experiences, including necessary preparation and follow up? Please be specific.

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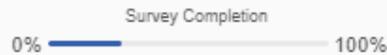


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Screen 17

For the following questions, please think about the **REPORTING REQUIREMENTS** for Grant1. Reporting requirements include annual progress (performance) reports and financial reports.

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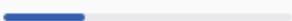
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Screen 18

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Clarity of reporting requirements	<input type="radio"/>										
Ease of gathering and organizing the data/information required for reporting to CDC	<input type="radio"/>										
Ease of reaching CDC personnel with questions or concerns about reporting requirements	<input type="radio"/>										
Helpfulness of interaction(s) with CDC personnel while engaged in reporting requirements	<input type="radio"/>										
Ease of submitting reports to CDC via online platform(s)	<input type="radio"/>										
Usefulness of CDC feedback on program reports	<input type="radio"/>										
Usefulness of CDC feedback on financial reports	<input type="radio"/>										
Consistency of guidance from CDC personnel related to reporting requirements (e.g., by multiple CDC personnel or over time)	<input type="radio"/>										

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Survey Completion
0%  100%

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Screen 19

The amount of reporting required for this grant or cooperative agreement, apart from the Federal Financial Report, is:

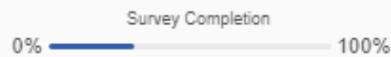
Too little

About right

Too much

Not applicable

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Screen 20

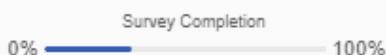
Did CDC add new or additional reporting requirements during the award period beyond what was in the NOFO?

Yes

No

Not sure

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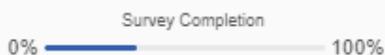


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Screen 21

What can CDC do to improve the **monitoring or reporting requirements** for this grant or cooperative agreement? Please be specific.

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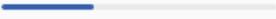


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Screen 22

For the following questions, please think about your experiences with the Grant1
TRAINING AND TECHNICAL ASSISTANCE.

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Survey Completion
0%  100%

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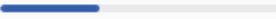
Screen 23

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?

Yes

No

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Survey Completion
0%  100%

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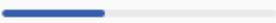
Screen 24

What are the reasons you have **not** received training or technical assistance for this grant or cooperative agreement?

Select all that apply.

- I did not need training or technical assistance
- Neither training nor technical assistance were made available by CDC
- I received training or technical assistance from somewhere else
- Funds were not available to pay for the training or technical assistance I needed
- Another reason (please specify)

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Survey Completion
0%  100%

[Next](#)

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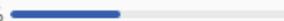
Screen 25

On which of the following topics have you received CDC training or technical assistance for this grant or cooperative agreement?

Select all that apply.

- Budget or fiscal management
- Program planning, development, or management
- Best practices available to implement the intended interventions
- Program evaluation or performance improvement
- Other (please specify)

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Survey Completion
0%  100%

[Next](#)**CFI Group**

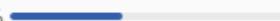
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Screen 26

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Ease of requesting training or technical assistance	<input type="radio"/>										
Responsiveness of CDC personnel to your requests for training and technical assistance	<input type="radio"/>										
Ability of CDC personnel to address your concerns or direct you to helpful resources	<input type="radio"/>										
Timeliness of training and technical assistance delivered	<input type="radio"/>										
Usefulness of training and technical assistance delivered	<input type="radio"/>										
Consistency of training and technical assistance delivered (e.g., by multiple providers or over time)	<input type="radio"/>										

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Survey Completion
0%  100%

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Screen 27

What can CDC do to improve the **training and technical assistance**?

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Screen 28

For the next set of questions, please think about CDC's **COMMUNICATION EFFORTS** (emails, newsletters, webcasts, social media, online platforms, online chat) related to Grant1.

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Screen 29

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
Timeliness of program communications that include actions you need to take	<input type="radio"/>										
Use of plain language in program communications	<input type="radio"/>										
Consistency of information provided about this program across different communication channels	<input type="radio"/>										
Usefulness of information provided by CDC for program awareness	<input type="radio"/>										

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Screen 30

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:

	Not at All Useful 1	2	3	4	5	6	7	8	9	Very Useful 10	NA
Project officer communication you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants management specialist communication you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General program communications (e.g., newsletters or program listservs) you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant management system-generated notifications you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Screen 31

The amount of communication for this grant or cooperative agreement is:

Too little

About right

Too much

Not applicable

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0% Survey Completion 100%

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Screen 32

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).

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0% Survey Completion 100%

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Screen 33

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 **Grant1**.

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Screen 34

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

	Poor 1	2	3	4	5	6	7	8	9	Excellent 10	NA
CDC's understanding of needs and context specific to your organization	<input type="radio"/>										
CDC's understanding of needs and context specific to your jurisdiction	<input type="radio"/>										
Openness and transparency of CDC personnel about upcoming changes or issues that will affect your grant/cooperative agreement	<input type="radio"/>										
CDC personnel's ability to balance the interests and needs of your organization or program with the interests and needs of CDC	<input type="radio"/>										
CDC personnel's level of respect for me and my organization as an important partner	<input type="radio"/>										

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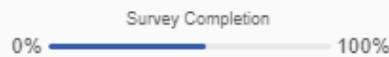


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Screen 35

What can CDC do to improve its partnership with you and your organization? Please be specific and DO NOT provide any names of individuals.

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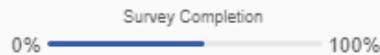


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Screen 36

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

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Screen 37

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

Less than 3 months

3 months to 11 months

1 to 3 years

More than 3 years

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Screen 38

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

Daily

Weekly

Monthly

Quarterly

Every six months

Once per year

Not sure

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Screen 39

Is the frequency of contact with your PO for this grant or cooperative agreement:

Too little

About right

Too much

Not sure

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Screen 40

What can CDC do to improve the PO support you receive for this grant or cooperative agreement? Please be specific.

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Screen 41

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

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Survey Completion
0%  100%

[Next](#)**CFI Group**

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Screen 42

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

 Less than 3 months 3 months to 11 months 1 to 3 years More than 3 years[Back](#)

Survey Completion
0%  100%

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Screen 43

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

Daily

Weekly

Monthly

Quarterly

Every six months

Once per year

Not sure

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Screen 44

Is the frequency of contact with your CDC GMS for this grant or cooperative agreement:

Too little

About right

Too much

Not sure

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Screen 45

What can CDC do to improve the GMS support you receive for this grant or cooperative agreement? Please be specific.

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Screen 46

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

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Survey Completion
0%  100%

[Next](#)**CFI** Group

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Screen 47

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?

 Never Rarely Occasionally A moderate amount A great deal Not sure[Back](#)

Survey Completion
0%  100%

[Next](#)**CFI** Group

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Screen 48

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

Select all that apply.

Yes, PO turnover

Yes, GMS turnover

No

Not sure

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Survey Completion
0%  100%

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Screen 49

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

Never

Rarely

Occasionally

A moderate amount

A great deal

Not sure

Back

Survey Completion
0%  100%

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Screen 50

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

 Never Rarely Occasionally A moderate amount A great deal Not sure[Back](#)

Survey Completion
0%  100%

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Screen 51

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:

	Not at All Satisfied	1	2	3	4	5	6	7	8	9	Very Satisfied	10	NA
Adapt to the changing needs of the intended population served		<input type="radio"/>											
Hire the types of staff you need to implement funded activities		<input type="radio"/>											
Adapt activities to meet emergent needs that align with the intent of the funding		<input type="radio"/>											

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Screen 52

For the following questions, please consider your entire grant or cooperative agreement experience, from the most recent NOFO and application to today for Grant1.

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Screen 53

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.

	Very Dissatisfied										Very Satisfied
	1	2	3	4	5	6	7	8	9	10	
Your overall satisfaction with your grant or cooperative agreement experience	<input type="radio"/>										

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Screen 54

On a scale of 1 to 10, where 1 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?

	Falls Short of Your Expectations	1	2	3	4	5	6	7	8	9	Exceeds Your Expectations
How well your experience with this grant or cooperative agreement has met your expectations		<input type="radio"/>									

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Screen 55

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?**

	Not Very Close to Ideal										Very Close to Ideal
	1	2	3	4	5	6	7	8	9	10	
How close to your "ideal" grant experience your experience with this grant or cooperative agreement was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Screen 56

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 program?

	Not at All Helpful	2	3	4	5	6	7	8	9	Extremely Helpful	NA
	1									10	
How much CDC's support improves your ability to achieve the goals and objectives of the grant program	<input type="radio"/>										

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Screen 57

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?

	No Trust at All										Have Complete Trust	NA
	1	2	3	4	5	6	7	8	9	10		
How much you trust CDC's commitment to your success as a partner in achieving the goals and objectives of the grant or cooperative agreement	<input type="radio"/>	<input type="radio"/>										

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Screen 58

If you could change one aspect of your experience with this grant or cooperative agreement, what would it be?

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Survey Completion
0%  100%

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Screen 59

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

- Less than one year
- More than 1 but less than 3 years
- More than 3 but less than 5 years
- More than 5 years
- Not sure

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Screen 60

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

- 1 grant or cooperative agreement
- 2-5 grants or cooperative agreements
- 6-10 grants or cooperative agreements
- More than 10 grants or cooperative agreements

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Survey Completion
0%  100%

[Next](#)**CFI Group**

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Screen 61

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?



Submit



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Screen 62

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



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