

ACF Office of Grants Management Learning Experience Customer Feedback

Start of Block: Default Question Block The questions below represent the full list of questions that survey managers can select from depending on the specific needs of the evaluation.

The Administration for Children and Families Office of Grants Management seeks to evaluate how well we have succeeded in delivering quality instruction on [insert training title]. To continually improve our efforts, we request that you complete the provided survey to provide feedback.

Q1 Organization Name

Q2 Organization Type

☐ Tribe and Native American, Native Alaskan, Native Hawaiian and Pacific Islander non-profit organizations (1)

☐ Federal or State government (2)

☐ Territory government (3)

☐ Other. If you selected other, please indicate your organization type below. (4)

Q4 Have you or your organization received a federal grant before?

☐ Yes (1)

☐ No (2)

Display This Question:

If Have you or your organization received a federal grant before? = Yes

Q5 If yes, was the federal grant with the Administration for Children and Families (ACF)?

☐ Yes (1)

☐ No (2)

Q6 Does your organization intend to apply for a grant with the Administration for Children and Families (ACF)?

☐ Yes (1)

☐ No (2)

Display This Question:

*If Does your organization intend to apply for a grant with the Administration for Children and Famil...
= Yes*

Q7 If yes, please describe the issue areas your organization and/or programs you are seeking to fund with a grant from ACF.

Display This Question:

If Does your organization intend to apply for a grant with the Administration for Children and Famil...
= No

Q8 If no, please let us know why not.

Q9 Please rate the extent to which you agree or disagree with the statements below.

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The training enhanced my knowledge of the [insert subject matter]. (1)	0	0	0	0	0
I am confident I can apply what I learned in the training to [insert training goal]. (2)	0	0	0	0	0
The training met my expectations. (3)	0	0	0	0	0
I would recommend this training to others. (4)	0	0	0	0	0

Q10 What additional topics you would like to be provided a training on?

Q11 How do you think this training could have been improved?

Q12 Do you have any additional suggestions to improve your experience interacting with ACF?

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect customer feedback regarding webinars and events held by ACF's Office of Grants Management (OGM). Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 5/31/2027. If you have any comments on this collection of information, please contact Melissa Brodowski, Program Manager, Office of Administration (melissa.brodowski@acf.hhs.gov).

End of Block: Default Question Block
