

# Surveys: Feedback

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# Website Experience Feedback Survey

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Thank you for visiting our website. While you are here, could you share some feedback about your experience with our site? Your responses will help us provide the most useful website possible and to reach other people and groups who should know about our work.

1. How did you find out about GRANTMAKER? (Select one.)
  - Email list/newsletter (please name organization or source)
  - Internet search (please list search topic)
  - Media or Social Media (please list source)
  - Individual referral
  - Other (please specify)
2. What is your reason for visiting our website?
  - Seeking grant opportunities
  - Seeking organizational development opportunities
  - Interested in learning more about environmental justice
  - Other (please specify)
3. Did you find what you were looking for? Yes/No/Not looking for anything specific
4. How understandable is the content of our website?

Easily understandable, understandable, not understandable, difficult to understand

5. How user-friendly is our website?

Very user-friendly, user-friendly, not user-friendly

6. How helpful is the information on our website helpful?

Very helpful, helpful, not helpful

7. What is the strongest element of our website?(Optional narrative, 200 words max.)

8. What is the weakest element of our website? (Optional narrative, 200 words max.)

9. Would you add anything from our website? (Optional narrative, 200 words max.)

10. Would you take anything away from our website? (Optional narrative, 200 words max.)

11. If you would like to sign up for our listserv, please submit your email here:

# Outreach/ Engagement Event Feedback Survey (a)

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Thank you for attending our event! We would appreciate it if you could take a few moments to fill out this feedback form. Your responses will help us enhance future engagements. | ¡Gracias por asistir a nuestro evento! Apreciáramos si pudiera tomarse unos momentos para llenar este formulario de retroalimentación. Sus respuestas nos ayudarán a mejorar futuros eventos.

1. Name | Nombre:
2. Email | Correo Electrónico:
3. Would you consider attending a similar event again in the future? | ¿Consideraría asistir a un evento similar nuevamente en el futuro?
4. Were you able to establish a connection with an environmental justice organization during the event? | ¿Pudo establecer una conexión con alguna organización de justicia ambiental durante el evento?
5. Have you become aware of any funding available for environmental justice initiatives after attending this event? | ¿Ha aprendido de oportunidades de financiamiento disponible para iniciativas de justicia ambiental luego de asistir a este evento?
6. If Yes | Si afirmativo:
  - a. What are your next steps with your project? | Cuales son los proximos pasos de su proyecto?
  - b. What form of support would you need? | Que tipo de apoyo necesitaría?
7. Where would you prefer the next event to be held? | ¿Dónde preferiría que se realice el próximo evento?
8. What are the main insights or takeaways you gained from this summit? | ¿Cuáles son los principales lecciones o conclusiones que obtuvo de esta cumbre?
9. Other comments | Otros comentarios

# Outreach/ Engagement Event Feedback Survey (b)

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*This is a list of questions we may use in a survey after an outreach event (in-person or via Zoom). This would be administered pre-application and pre-award. Data would be collected and analyzed to understand if there are emerging trends or needs that we have not accounted for.*

## Which of the following best describes your organization?

- Advocacy
- Business
- College/University/Technical School
- Community - Neighborhood Network
- Community Based Organization
- Education (non-College/University)
- Government - City or County
- Government - Tribal
- Media/Public Affairs/Relations
- Research/Think Tank/Policy Institute
- Religious organization
- Trade/Professional/Interest Group
- Non-Profit Organization
- Community Member
- Other: \_\_\_\_\_ [Fillable free text field.]

Please rate the following statements based on your experience at a [Redacted] ([Redacted]) outreach event.

	Disagree	Somewhat disagree	Somewhat agree	Agree	Not Applicable
The content at this event was presented in a way that was easy to understand.					
The content is relevant to my work.					
I gained knowledge that will help me or my organization.					
Overall, I am satisfied with this outreach event.					
I am aware of the opportunities provided by the [Redacted].					
I know how to access the [Redacted], should I have more questions or wish to apply.					
Please provide any details that will help us understand your answers and improve future outreach events.					

# Outreach/ Engagement Event Feedback Survey (c)

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**Completion:** End of outreach event or webinar

**Mechanism:** QR code on handout, paper form, direct link in follow-up correspondence

The public reporting and recordkeeping burden for this collection of information is estimated to be 10-15 minutes.

**1. Overall, how satisfied were you with the event?**

Very satisfied  
Satisfied  
Neutral  
Unsatisfied  
Very Unsatisfied

**2. How clear was the information provided?**

Very clear  
Clear  
Somewhat clear  
Unclear  
Very unclear

**3. How useful did you find the content of the presentation/discussion?**

Extremely useful  
Very useful  
Moderately useful  
Slightly useful  
Not useful at all

**4. How knowledgeable did the presenters seem about the topic?**

Extremely knowledgeable  
Very Knowledgeable



Moderately knowledgeable  
Slightly knowledgeable  
Not knowledgeable at all

**5. How engaging were the presentations and activities during the event?**

Extremely engaging  
Very engaging  
Moderately engaging  
Slightly engaging  
Not engaging at all

**6. Were the event materials (handouts, slides, etc.) helpful?**

Extremely helpful  
Very helpful  
Moderately helpful  
Slightly helpful  
Not helpful at all

**7. How would you rate the organization and logistics of the event (timing, venue, etc.)?**

Excellent  
Good  
Fair  
Poor  
Very poor

**8. Please describe any outstanding questions/concern you have about the topic**

Open text box

**9. What aspects of the event did you find most beneficial?**

Open text box

**10. What improvements would you suggest for future events?**

Open text box

**11. How did you find out about the event?**

Social media  
The Environmental Protection Agency (EPA)  
Email directly from [Redacted]  
Colleague or friend  
Search engine  
Other, text box

# Outreach/ Engagement Event Feedback Survey (d)

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Thank you for your interest in (EVENT). Please take a moment to complete this survey. Your responses will help us to offer outreach and engagement events that meet the needs of potential applicants and other interested groups.

1. Did you attend this event as it happened and/or watch a video replay?

Attended/Video Replay/Both

2. How did you find out about this event? (Select one.)

- Email list/newsletter (please name organization or source)
- Internet search (please list search topic)
- Media or Social Media (please list source)
- Individual referral
- Other (please specify)

3. How satisfied were you with this event (select one):

Very dissatisfied, dissatisfied, satisfied, very satisfied

4. Please share any details that factored into your rating. (Required narrative, 200 words maximum)

5. Feel free to share any general feedback about this event and/or UNITE-EJ:  
(Optional narrative, 200 words maximum)

6. Are there any topics you would like us to cover at future events? (Optional narrative, 200 words maximum)

## Outreach/ Engagement Event Feedback Survey (e)

### EPA Thriving Communities Grantmaking Event Feedback Survey

OMB Control Number=2035-NEW, Expiration Date=mm/dd/yyyy

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**Thank you for attending the EPA Thriving Communities Grantmaking event!**  
The purpose of this form is to capture growth of knowledge after an event or training. We will use this information to learn how to improve our event offerings. Anticipated completion time is 10 minutes.

First Name \*

Last Name \*

Email Address \*

Name of your organization \*

Affiliated EPA Region (Link to [map](#)) \*

- ☐ Region
- ☐ Region
- ☐ Region
- ☐ National
- ☐ Federal Agency
- ☐ Other

Did you feel like the information provided prior to the event clearly communicated the purpose of the event?

- ☐ Yes
- ☐ No
- ☐ Maybe

Were the event's Program Guide and Agenda easy to follow?

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Not Applicable

Was there adequate time for Q&A and interaction?

- ☐ Yes
- ☐ No

Overall, how satisfied were you with the event?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied

Additional comments or questions:

Would you like to be added to the TBD-Newsletter-Name for continued engagement and sharing of resources?

- ☐ Yes! Please add me to the newsletter
- ☐ No, thank you

**Submit**

Contact Information

## Outreach/ Engagement Event Feedback Survey (f)

### EPA Thriving Communities Grantmaking Outreach Questions

OMB Control Number=2035-NEW, Expiration Date=mm/dd/yyyy

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The ### in partnership with ###, ###, ###, ###, and ### is committed to working with Regional Grantmakers, specifically those in Regions ■■■ and ■■■ to support, expand, and bolster the grantmaking needs that impact local communities.

First Name \*

Last Name \*

Email Address \*

Email Address \*

Organization \*

Affiliated EPA Regions:

- ☐ I work for a Federal Agency
- ☐ Other

What experiences do you have with federal funding?

What would have improved your experiences applying for federal funding or managing federal grants?

Are you aware of the EPA Thriving Communities Grantmaking's [REDACTED] application?

If you have reviewed the request for applications (RFA), what challenges have you experienced with the EPA Thriving Communities Grantmaking's [REDACTED] application?

What, if any, differences are there between the regional and national RFAs that would hinder your ability to apply?

Describe how best we can connect with you and your community.

What does accessible communication look like for you and your community?

Are you aware of the EPA Thriving Communities Technical Assistance Centers (TCTAC)?

If you are aware, have you received technical assistance through the TCTAC?

Could technical assistance be offered to improve your application experience?

Have you worked with your local government (Sustainability Office or other department) on a project, and/or do you anticipate or hope to work with them in the future?

Have you had equity training? If so, what training?

What feedback do you have for us to improve the grantmaking experience, application, and/or outreach?

**Submit**

Contact Information



# Outreach/ Engagement Event Feedback Survey (g)

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The use of this provided template is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.

## Post-Event Attendee Questions

*(These items should only be asked of organizations who have recently attended on informational session for the Thriving Communities grant opportunities)*

Did this event help you understand how to apply for the EPA Thriving Communities grant?

- ☐ Yea, a lot
- ☐ A little bit
- ☐ Not much
- ☐ Not at all

How confident do you feel about applying for a grant after this event?

- ☐ Very confident
- ☐ A little bit confident
- ☐ Not very confident
- ☐ Not confident at all

Do you think this event did a good job of answering questions that were specific to underserved or disadvantaged communities?

- ☐ Yea, definitely
- ☐ Somewhat
- ☐ No

What information, if any, would you add for future events?

## Event / Training Feedback Survey (Subrecipients) (a)

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*This is a series of questions that will be asked after Zoom webinars, information sessions, or other related activities. This would be administered pre-award and throughout the project period. Data will be collected to improve future activities.*

Event Name:

Event Date:

Event Location:

*{The above 3 fields will be pre-filled when possible}*

To what extent do you agree or disagree with each statement below based on your participation in the event, presentation, or training provided (referred to in the survey below as the "activity")?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I understood the information and resources that were shared.				
2. I will use the information and resources shared with me going forward.			[if selected, show Q8]	[if selected, show Q8]
3. I gained new knowledge.				
4. I developed new skills.				
5. The activity matched what I expected based on its description.				
6. The person presenting or leading the activity was knowledgeable and answered questions clearly.				
7. I am overall satisfied with the activity provided.				

8. *[PRE-LOGIC: Only show this question if “somewhat agree” or “strongly agree” was selected for question 2]* How do you plan on using what you learned or discussed today in your local community? *[text box]*
9. How could this activity be improved? *[text box]*
10. Is there anything else you would like to share about this activity, including suggestions for other events or trainings hosted by the [Redacted]? *[text box]*

## Event / Training Feedback Survey (Subrecipients) (b)

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*This is a list of questions we may use in a survey after a training or webinar (QAPP training, webinar on program reporting requirements, etc.). This may be administered at any point (in person or via Zoom) of the grants process. Data would be collected and analyzed to understand if there are emerging trends or needs that we have not accounted for.*

Thank you for participating in a webinar or training hosted by the [Redacted].

The [Redacted] is committed to providing relevant and quality webinars and trainings. Your feedback helps us evaluate our work and determine areas for improvement. We would greatly appreciate your feedback about your experience participating in a webinar or training from the [Redacted], and we hope you will consider responding to this survey.

1. Name of webinar or training: \_\_\_\_\_
2. Reasons for attending: Why did you attend today's webinar or training?
  - Required for the grant
  - Interesting or Relevant Topic
  - Knowledgeable Presenter(s)
  - Webinar was Free
3. How helpful did you find the webinar or training?
  - 5 - Very helpful
  - 4 - Somewhat helpful
  - 3 - Neither helpful nor unhelpful
  - 2 - Barely helpful
  - 1 - Not helpful at all
4. About what percentage of the information was new to you?
  - 100%
  - 75%
  - 50%
  - 25%
  - 0%

Q5. Please complete the following statement. "I can use this information \_\_\_\_\_":

- Immediately
- In 2-6 months
- In 7-12 months
- Never

Q6. Please rate your satisfaction with the content of the webinar or training by indicating your level of agreement or disagreement with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The webinar or training delivered the information I expected to receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information presented was practical/relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pace of the webinar or training was sufficient for the material covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinar or training provided new knowledge and/or skill applicable to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please evaluate the presenter or instructor, [insert name of presenter or instructor].

Overall:	<i>[text box]</i>				
	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Presenter was knowledgeable on the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter communicated information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter was responsive to audience questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter was respectful of my cultural beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter displayed good facilitation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter provided relevant and high-quality resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What was your single biggest takeaway? If applicable, please share how you will use the information from this webinar or training. *[text box]*

9. What other topics would you like to see on future webinars or trainings? *[text box]*

10. If you have any additional comments, please provide them here. *[text box]*

## Event/ Training Feedback Survey (Subrecipients) (c)

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*This is a list of questions we may use in a poll, survey or questionnaire or as a "check-in" activity on a Zoom call or other activity that occurs during the outreach and promotion phase of our work. This would be administered pre-application and pre-award. Data would be collected and analyzed to understand if there are emerging trends or needs that we have not accounted for.*

1. If you are thinking about a project that includes environmental data gathering\*, what kinds of data are you thinking of collecting (check all that apply): [Multiple choice]
  - Air quality or tracking air pollution
  - Water quality testing
  - Soil sampling
  - Data my community can use to fight climate change
  - Data my community can use to push for policy change
  - Data my community can use to fight a harmful facility or industry
  - Data my community can use in a lawsuit or litigation
  - Participatory research where impacted residents collect data
  - GIS mapping
  - Investigations with human subjects
  - My project does not involve collecting data

\* Any project involving any environmental data collection requires a Quality Assurance Project Plan. Reach out to the [Redacted] team for additional information.

2. Why did you choose to participate in grant opportunities through the [Redacted]? *[text box]*
3. What are you hoping to get out of your participation in the grant processes provided by the [Redacted] ([Redacted])? Please include any discussion topics, training, or capacity building services that you think would be useful in this program. *[text box]*

4. What are the tools you need to help strengthen the movement for environmental and climate justice? [Multiple choice]
- Coalition building
  - Finding partners for my project
  - Project visioning
  - Fundraising strategy
  - Growing my organization in a sustainable way
  - Financial training



## Event/ Training Feedback Survey (EJ Council Members)

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*This is a list of questions we may use in a survey for our EJ Council members. This would be administered after a training or event for our partners. Information will be collected to improve future events. Note: will change the wording on questions to specify the name of the event (training on equitable grantmaking principles, training on scoring processes, participation at scoring convenings, etc.).*

Thank you for attending an event hosted by the [Redacted]. We would appreciate your feedback using the survey below so that we can improve our training and/or future events.

Event Name:

Event Date:

Event Location:

*{The above 3 fields will be pre-filled when possible}*

To what extent do you agree or disagree with each statement below based on your participation in the event, presentation, or training provided (referred to in the survey below as the "activity")?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
I understood the information and resources that were shared.				
The topics discussed were relevant to my role as a member of the [Redacted] EJ Council.				
I gained new knowledge.				
I developed new skills.				
The activity matched what I expected based on its description.				

The person presenting or leading the activity was knowledgeable and answered questions clearly.				
I am overall satisfied with the format and quality of the event.				

8. How do you plan on using what you learned or discussed today as a member of the EJ Council? Specifically in processes such as scoring grant applications, outreach/ “in-reach” events promoting the grant, or in providing ad-hoc input on materials throughout the process. *[text box]*
9. How could this activity be improved? *[text box]*
10. Is there anything else you would like to share about this activity, including suggestions for other events or training hosted by the [Redacted]? *[text box]*

## Event/ Training Feedback Survey (Public)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Intended for organizations providing feedback to [Redacted]

*This questionnaire consists of questions to collect information for continuous feedback and improvement following program events. Individuals are encouraged to respond to questions to the best of their ability.*

**1. How would you rate the overall quality of the [activity]?**

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

**2. How can we improve future sessions?** [Open-ended text field]

**3. What topics would you like to see covered in future sessions or events?** [Open-ended text field]

**4. Describe the factors that encouraged you to participate and/or enabled you to participate.**

*Consider things such as the subject matter being covered by the activity or service; the format and timing in which the activity or service was offered; aspects of your own life (e.g., having the time to participate); and anything else that may occur to you.*

[Open-ended text field]

**5. Describe the factors that discouraged you from participating or made it hard to participate.**

*Consider things such as the subject matter being covered by the activity or service; the format and timing in which the activity or service was offered; aspects of your own life (e.g., no help with childcare); and anything else that may occur to you.*

[Open-ended text field]

**6. What was the most valuable part of the [activity] for you?** [Open-ended text field]

**7. Did you have any questions about the [activity] that you like us to follow up on with you?**

[Open-ended text field]

**8. How likely are you to attend future [activity] hosted by [Redacted]?**

- ☐ Very likely
- ☐ Likely
- ☐ Neutral
- ☐ Unlikely
- ☐ Very unlikely

**9. How likely are you to recommend others to the EJ Thriving Communities Grantmaking Program (TCGM)?**

- ☐ Very likely
- ☐ Likely
- ☐ Neutral
- ☐ Unlikely
- ☐ Very Unlikely

**10. Is there any other feedback you would like to share? [Open-ended text field]**

# Application Feedback Survey (a)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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**Completion:** *one-time, optional survey*

**Mechanism:** *Email to unsuccessful applicants with direct link to survey*

The public reporting and recordkeeping burden for this collection of information is estimated to be 20-

Organization Name (Optional)

Your Name (Optional)

What type of grant did you apply for?

- Tier 1
- Tier 2
- Tier 3

How would you describe the size of your organization?

Have you applied for federal funding before?

Yes

No

Have you received federal funding before?

Yes

No

## Overall Satisfaction

### 1. How satisfied are you with the overall grant process?

Very satisfied

Satisfied

Neutral

Unsatisfied

Very Unsatisfied

**Application Process (questions related to the application process appear only at first point of distribution)**

- 2. How would you rate the clarity and accessibility of the grant application instructions?**
  - Very clear
  - Clear
  - Somewhat clear
  - Unclear
  - Very unclear
- 3. Were application deadlines reasonable and manageable?**
  - Yes
  - No
  - No opinion
- 4. Did you encounter any issues during the application process? If yes, please describe.**
  - Yes
  - No
  - Undecided
  - Open text
- 5. How did this application compare to other grant applications you've submitted in the past?**
  - Much more burdensome than other applications
  - Slightly more burdensome than other application
  - About the same as other applications
  - Slightly less burdensome than other applications
  - Much less burdensome than other applications

**Grants Management System (Fluxx)- please rate the ease of use for the following functionality:**

- 6. Navigation**
  - Very easy
  - Easy
  - Neutral
  - Difficult
  - Very difficult
- 7. Application Development & Submission**
  - Very easy
  - Easy
  - Neutral
  - Difficult
  - Very difficult

## **Communication**

- 8. How effective was the communication from [Redacted] throughout the grant period?**
  - Very effective
  - Effective
  - Neutral
  - Ineffective
  - Very ineffective
- 9. Were your questions and concerns addressed in a timely manner?**
  - Yes
  - No
  - Sometimes
- 10. How would you rate the support provided by the [Redacted] team during the grant application period?**
  - Excellent
  - Good
  - Fair
  - Poor
  - Very poor
- 11. Did you receive feedback from [Redacted] staff about your application?**
  - Yes
  - No
  - Not yet, but plan to get feedback
- 12. If you received feedback, how would you assess the quality of the feedback?**
  - Excellent
  - Good
  - Fair
  - Poor
  - Very poor

## **Overall experience:**

- 1. What aspects of the grant process did you find most beneficial?**
  - Open text box
- 2. What improvements would you suggest for the future of the program and future grant cycles?**
  - Open text box
- 3. Were there any challenges or issues not covered in the questions above that you would like to mention?**
  - Open text box
- 4. In what ways can [Redacted] further support or enable the success of your organization and your environmental justice projects?**
  - Open text box

# Application Feedback Survey (b)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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Thank you for your interest in the [Redacted] program. As part of our commitment to support and empower communities facing environmental injustices, we strive to ensure our processes and resources are effective and inclusive. To help us assess and improve our grantmaking efforts, we are conducting a survey and hosting focus groups with entities that have considered or are considering applying for funding through our program.

This survey aims to gather your valuable feedback on various aspects of our operations, including the clarity of our mission, the accessibility of the application process, the effectiveness of our communications, and your overall experience with our program. The insights you provide will be instrumental in helping us enhance our processes and better serve underrepresented groups and communities overburdened by environmental injustices.

## Part 1: Background Information

1. **Organization Name:**
2. **Contact Information:**
  - Name:
  - Position:
  - Email:
  - Phone:
3. **Organization Type:**
  - Non-profit
  - Community Group
  - Educational Institution
  - Other (Please specify):
4. **Experience with Grants:**
  - First-time applicant
  - Experienced applicant
5. **Primary languages used within your organization:**



## **Part 2: Mission and Goals**

6. How well do you understand the mission of the program?
  - Very well
  - Somewhat well
  - Not very well
  - Not at all
7. In your opinion, how effectively does the grant prioritize underrepresented groups and communities burdened by environmental injustices?
  - Very effectively
  - Somewhat effectively
  - Not very effectively
  - Not at all effectively

## **Part 3: Application Process**

7. How easy was it to find information about the grant application process?
  - Very easy
  - Somewhat easy
  - Not very easy
  - Not at all easy
8. How would you rate the clarity of the application guidelines?
  - Very clear
  - Clear
  - Unclear
  - Very unclear

## **Part 4: Communications**

9. How satisfied are you with the communication from the grantmaker during the application process?
  - Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
10. What improvements would you suggest for the communication process?

## **Part 5: Overall Experience**

11. Overall, how satisfied are you with your experience with the program?
  - Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied

12. Would you apply for funding from this grantmaker again in the future?

- Yes
- No
- Unsure

13. Additional comments or suggestions:

## **Application Feedback Survey (c)**

**OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)**

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1. What is the name of your organization?\*

2. How would you rate the application process?\*

- ☐ Very easy
- ☐ Easy
- ☐ Neither difficult nor easy
- ☐ Somewhat difficult
- ☐ Very difficult

3. What can you share with us about your experience? Do you have specific recommendations to improve your experience?\*

4. What did you find useful about our application platform? \*

5. Did your organization use any technical assistance (TA) provided from the Region Technical Assistance Centers (TCTACs)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

6. If you answered "yes" to #5, please check ALL boxes that explain how the TCTACs provided support:

- ☐ Initial outreach - helped your organization know about the program
- ☐ Supported your organization in preparing your application
- ☐ If applicable, supported your organization with a resubmission after not receiving funding
- ☐ Other

# Application Feedback Survey (d)

## Application Feedback Form

OMB Control Number=2035-NEW, Expiration Date=mm/dd/yyyy

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Thank you for applying to the EPA Thriving Communities Grantmaking Program!

Please share your feedback on your application experience with us:

The purpose of this form is to capture feedback on the accessibility of the EPA Thriving Communities Grantmaking applications. We will use this information to create a more easeful and streamlined experience for applicants. Anticipated completion time is 10 minutes.

How would you rate your overall experience completing the application?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Bad

What could be improved?

Conditional

What went well?

Conditional

Was your preferred language available?

- ☐ Yes
- ☐ No

What is your preferred language?

Conditional

How did you hear about this grant application?

- ☐ Social media
- ☐ Internet search
- ☐ Friend or colleague
- ☐ Event
- ☐ Other

Conditional

If Other, please describe

What would improve your access to the Thriving Communities Grantmaking Program?

Additional comments or requests:

Submit

Contact Information

## Application Feedback Survey (e)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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### Screening

Thank you for your interest in the [REDACTED] Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM) Applicant Survey! Please answer the following questions to confirm you are eligible for this survey.

**Please have only one person in your organization complete this survey.**

Did your organization apply as the lead applicant organization to the [REDACTED] EJ TCGM funding opportunity due on [insert date]?

☐ Yes

☐ No

Did you or someone from your organization attend any of the [REDACTED] EJ TCGM virtual and/or in-person convenings or technical assistance (TA) sessions?

- ☐ Yes
- ☐ No
- ☐ Don't Know

## Technical Assistance

Which office hour(s) and/or webinar(s) did you or your organization attend? (Select all that apply)

- ☐ List of specific office hours and webinars HERE
- ☐ My organization attended office hour(s) and/or webinar(s), but I do not know which sessions specifically.
- ☐ I reviewed the recording/resources on the Region [REDACTED] EJ TCGM website.



Please rate how helpful each session/form of TA was for your organization.

	Very Helpful	Helpful	Slightly Helpful	Not at all helpful	Don't Know
Session Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated above that you found at least one session slightly helpful or not helpful at all. How can we improve future sessions?

Please indicate your level of agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable
Overall, the TA my organization received helped us better understand the EJ TCGM funding opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable
Overall, the TA my organization received for the application process helped us prepare a stronger application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What additional suggestions do you have to improve technical assistance in this application process? Please specify whether you wanted other formats, topics of technical assistance, etc.

## Organizational Information

What is your organization type?

- ☐ Community-based and grassroots nonprofit organizations
- ☐ Institution of higher education
- ☐ Local government
- ☐ Native American Organization
- ☐ Tribal government (both federally recognized and state-recognized) and Intertribal Consortia
- ☐ Other, please specify:

What were your organization's total organizational expenses for the current fiscal year?

If your organization applied on behalf of a community-led project that you host, what were the project's total expenses for the current fiscal year?

To which funding opportunity(ies) did your organization apply? (Select all that apply)

- ☐ Tier 1 - Assessment Projects
- ☐ Tier 2 - Planning Projects
- ☐ Tier 3 - Implementation of Projects
- ☐ Non-Competitive Fixed Awards

Please select the category that best describes the application you submitted:

- ☐ Single organization or entity
- ☐ Partnership (2-3 partners)
- ☐ Coalition (3+ partners)
- ☐  Other (please specify)

Which states within [REDACTED] did your application focus on? (Select all that apply)

- ☐ REDACTED
- ☐ REDACTED
- ☐ REDACTED
- ☐ REDACTED

Describe the disadvantaged communities your proposed project represented: (Select all that apply)

- ☐ Federally Recognized Tribe
- ☐ Indigenous Community Urban
- ☐ Indigenous Community Rural
- ☐ Rural (any community not located in a Metropolitan Area)
- ☐ Urban 50,000 or more inhabitants and located within a Metropolitan Area)
- ☐ Suburban (less than 50,000 inhabitants and located within a Metropolitan Area)
- ☐  Other (please specify)

Is your organization Black, Indigenous or People of Color (BIPOC) led?

This list is not exhaustive. BIPOC is intended to also include, but not limited to:

ALAANA (also ALANA) – African, Latinx, Asian, Arab, and Native American

AAPI – Asian American and Pacific Islander

Latino/a (also Hispanic) as well as Latine/x and Afro-Latino/a

Native American (Tribal and Urban) as well as Alaska Native, American Indians, Indigenous

MENA – Middle East and North African

People of the Global Majority

People of the Global African Diaspora

NOTE: We are asking for this self-identified indicator about your organization's leadership/ leadership team. This information will be used to better measure our investments/ grantmaking process in under-funded communities and ensure programs are designed to reach everyone.

☐ Yes

☐ Not currently

☐  Other (please specify)

## Raffle

Thank you for your participation in the Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM) Applicant Survey! If you would like to enter a raffle for one (1) of four (4) \$50 gift cards, please click on the link below. Participation is completely voluntary.

[LINK]

## Introduction

Thank you for participating in the [REDACTED] Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM) application process and/or technical assistance (TA) sessions. We appreciate your time and effort. We ask that you take a few minutes to complete this brief survey about your organization's experience so that we can improve the process for future participants.

**The survey should take about 15-20 minutes to complete.** Your responses to the following questions are anonymous and will not impact your ability to apply for future EJ TCGM funding opportunities. To thank you for your time, **you will have the option to enter a drawing for one (1) of four (4) \$50 gift cards after submitting your answers.** Participation in the drawing is voluntary. Please contact [CONTACT NAME AND EMAIL] with any questions.

## Application Process

How did you hear about the funding opportunity? (Select all that apply)

- ☐ Direct email from Core Project Partners: [REDACTED]
- ☐ Direct email from Anchor Organizations: [REDACTED]
- ☐ Email from another source not listed above (i.e., not directly from [REDACTED]) - please specify:
- ☐ Word of mouth
- ☐ Social media (X - formerly Twitter, LinkedIn, etc)
- ☐ The [REDACTED] EJ TCGM website or email blast
- ☐ The EPA EJ TCGM website
- ☐ The Region [REDACTED] or National (Regions x--x-- REDACTED) Thriving Communities Technical Assistance Center (TCTAC)
- ☐ The National Regions x--x Grantmaking website or email.
- ☐  Other - please specify:

Did you attend our Funding Announcement Webinar?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Please indicate your level of agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable
The information presented at the Funding Announcement Webinar was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Funding Announcement Webinar answered all my questions about the application process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with the following statements:



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable
The request for proposal (RFP) document was clear about the mission, scope, and purpose of the EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectations for the supplemental materials (workplan and budget) were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The online application submission platform was easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to submit my attachment (written narrative, presentation slides, video) via the submission platform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I liked the option to submit my application in an alternative format (e.g., presentation slides, video).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We had enough time to prepare and submit our application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable
The [REDACTED] EJ TCGM team was responsive to questions that I had about the program and application process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This grantmaking process feels inclusive of diverse communities, interests, ideas, and approaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever applied for a federal grant before?

- ☐ Yes
- ☐ No
- ☐ Don't Know

How did the [REDACTED] EJ TCGM application process compare to your prior experience applying for a federal grant?

- ☐ Harder
- ☐ Easier
- ☐ About the same

The next few questions ask for your additional feedback and suggestions to improve the application process. Please note that all changes may be subject to EPA approval. We will aim to share your recommendations with EPA and implement allowable changes.

Which parts of this grant opportunity/application process worked well?

What suggestions do you have to make this application process more equitable?

What additional suggestions do you have to improve the application process, if any? (e.g., more time, more assistance, more submission options, etc.)

# Application Feedback Survey (f)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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The use of this provided template is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.

## Post-Application Questions

*(These items should only be asked of organizations who have submitted an application for a Thriving Communities subgrant.)*

How easy was it to submit your application?

- ☐ Very easy
- ☐ Pretty Easy
- ☐ Pretty Hard
- ☐ Very hard

How clear were the instructions for the application?

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear at all

What problems, if any, did you have while applying?

## Team Assistance Feedback Survey for Applicant / Subgrantee

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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*This is a list of questions we may use in a survey for applicants and subgrantees who received assistance with the team (through open office hours, meeting with assigned grant manager, meeting with members of the leadership team, etc.). This would be administered at any point throughout the applicant and award processes. Data would be collected to understand the effectiveness of the assistance we're providing any needs that we have not accounted for.*

1. Please specify where you got assistance:
  - [Redacted] Office Hours
  - Assigned grant manager
  - Member of the [Redacted] leadership team
  - Direct email to [Redacted]
  - Called toll-free number
  - Other: \_\_\_\_\_

**Please rate the following statements based on your experience getting assistance from the [Redacted] ([Redacted]).**

	Disagree	Somewhat disagree	Somewhat agree	Agree	Not Applicable
I am satisfied with the responsiveness of the [Redacted].					
The [Redacted] effectively addressed my questions and/or issues.					
I would highly rate the professionalism and courtesy of the [Redacted] team during our interaction.					

My questions, issues, or concerns were resolved by the [Redacted] team.					
I am very likely to attend [Redacted] office hours again based on this recent experience.					
What could we do better? <i>(optional)</i>					
Other comments: <i>(optional)</i>					

# Portal Experience Feedback Survey

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Thank you for taking the time to share your feedback about your recent experience with the portal. Your feedback is important to us and will help us better serve you in the future.

1. Thinking about your recent visit to the portal, how satisfied or dissatisfied were you with your overall experience?
  - A. Extremely Satisfied
  - B. Moderately Satisfied
  - C. Slightly Satisfied
  - D. Neither Satisfied nor Dissatisfied
  - E. Slightly Dissatisfied
  - F. Moderately Dissatisfied
  - G. Extremely Dissatisfied
  
2. Thinking about your most recent visit to the portal, how easy or difficult was it to navigate?
  - A. Extremely Easy
  - B. Moderately Easy
  - C. Slightly Easy
  - D. Neither easy nor difficult
  - E. Slightly difficult
  - F. Moderately difficult

3. Thinking about your recent visit to the portal, how clear were the instructions for each section?

- A. Very clear
- B. Somewhat clear
- C. Not clear at all

4. Thinking about your recent visit to the portal, how satisfied are you with the length of the application?

- A. Extremely Satisfied
- B. Moderately Satisfied
- C. Slightly Satisfied
- D. Neither Satisfied nor Dissatisfied
- E. Slightly Dissatisfied
- F. Moderately Dissatisfied
- G. Extremely Dissatisfied

5. Thinking about your recent visit to the portal, did it take more or less time than expected to complete the application?

- A. More time
- B. About the expected time
- C. Less Time

6. Please describe any issues you had with the portal.

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# Anchor Organizations Convening Feedback Survey

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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For the following questions please indicate your level of agreement with the following statements about the annual subgrantee convening:

	Strongly Disagree	Disagree	Agree	Strongly Agree
The facilitator(s) was knowledgeable about [FILL IN TOPIC].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening provided useful information and/or tools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
There were opportunities to participate in the convening in ways that worked for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening provided sufficient time for networking with other anchor institutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening contributed to my understanding of approaches to stabilizing environmental justice partnerships across the region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening contributed to my understanding of how to support sub awardees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the convening was a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions please indicate your level of agreement with the following statements about the anchor institution convening:

	Strongly Disagree	Disagree	Agree	Strongly Agree
My understanding of [FILL IN TOPIC] increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence and ability to [FILL IN SKILLS] increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to apply or use the skills and/or tools from this session in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ready to act in developing [FILL IN TOPIC].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel an increased sense of community with other anchor institutions involved in the [REDACTED] EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any comments about your responses above.

What would you like to continue learning about or build on in future convenings?

What comments and/or suggestions do you have about how this session could have been improved (e.g., registration, format, topics, facilitation, etc.)?

# **Annual Sub Awardee Convening** **Feedback Survey**

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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## **Block 1**

What year did your organization receive it's EJ TCGM grant?

- ☐ Round 1 [INSERT DATE]
- ☐ Round 2 [INSERT DATE]
- ☐ Round 3 [INSERT DATE]
- ☐ Round 4 [INSERT DATE]
- ☐ Round 5 [INSERT DATE]
- ☐ Round 6 [INSERT DATE]
- ☐ Round 7 [INSERT DATE]

What tier of EJ TCGM grant did you receive?

- ☐ Tier 1 – Assessment Project
- ☐ Tier 2 – Planning Project
- ☐ Tier 3 – Implementation of Project
- ☐ Non-competitive Fixed Award

What state and/or states are you currently working in?

- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]

Please select the category that best describes the structure of your grant project.

- ☐ Single organization or entity
- ☐ Partnership (2-3 partners)
- ☐ Coalition (3+ partners)
- ☐ Other

What type of entity is your organization?

- ☐ Community-based and grassroots nonprofit organization
- ☐ Institution of higher education
- ☐ Local government
- ☐ Native American Organization
- ☐ Tribal government (both federally recognized and state-recognized) and Intertribal Consortia
- ☐  Other (please specify)

## Block 2

Please indicate your level of agreement with the following statements about the annual sub-awardee convening.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The facilitator(s) was knowledgeable about [FILL IN TOPIC].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening provided useful information and/or tools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
There were opportunities to participate in the convening in ways that worked for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening provided sufficient time for networking with other sub awardees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The convening contributed to my understanding of the environmental justice movement in the region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the convening was a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with the following statements about the annual sub-awardee convening.

	Strongly Disagree	Disagree	Agree	Strongly Agree
My understanding of [FILL IN TOPIC] increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence and ability to [FILL IN SKILLS] increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Strongly Disagree	Disagree	Agree	Strongly Agree
I plan to apply or use the skills and/or tools from this session in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ready to take action in developing [FILL IN TOPIC].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel an increased sense of community with other [REDACTED] EJ TCGM sub awardees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any comments about your feedback above.

What would you like to continue learning about/building on in future convenings?

What comments and/or suggestions do you have about how this session could have been improved (e.g., registration, format, topics, facilitation, etc.)?

# Subrecipient Agreement Survey

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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**We are so excited for the work you will accomplish with this Thriving Communities grant!**

**Completion of this survey is required for all subrecipients. The first section will collect information about technical assistance and capacity building interests of the subrecipient organization. It will help us create and implement plans to support your work. The second section is designed to get your feedback about the application process. It will help us understand what we are doing well and what we need to improve upon.**

## Section 1: Technical Assistance/Capacity Building Interests

1. What are your most urgent needs for technical assistance or capacity building? Please select up to 3.

Board development

Business planning

Evaluation

Facilities planning

Financial management

Fundraising

Information technology

Leadership development

Legal services

Management development

Marketing

Program design

Quality management

Staffing

Strategic planning

Other: please specify

2. Please describe your biggest challenges in relation to each need you selected above. (Narrative, 200 words max each).

- Capacity need area 1:
- Capacity need area 2:
- Capacity need area 3:

3. Which of the following types of support would you like to request from CJA? [multiple choice]
- a. Individualized coaching
  - b. Access to a contractor/vendor to assist in carrying out activities
  - c. Access to training curricula and/or tools, templates, etc.
  - d. Access to an expert I can call on as needed
  - e. Cohort training series
  - f. Other; please specify:
4. Rank your organization's skill in the following capacities.
- a. Financial management of my organization: High, Moderate, Average, Low, None
  - b. Financial management of a federal grant: Strong, Moderate, Average, Low, None
  - c. Creating goals and a strategy for environmental projects: Strong, Moderate, Average, Low, None
  - d. Creating campaigns to influence environmental policy: Strong, Moderate, Average, Low, None
  - e. Finding partners to build a strong coalition: Strong, Moderate, Average, Low, None
  - f. Implementing projects with environmental data gathering or assessment: Strong, Moderate, Average, Low, None
  - g. Implementing research projects with human subjects or that require Institutional Review Board approval: Strong, Moderate, Average, Low, None
  - h. Training the next generation of environmental and climate justice leaders: Strong, Moderate, Average, Low, None
  - i. Projects that involve land acquisition: Strong, Moderate, Average, Low, None

## **Section 2: Grantmaker and Application Process Feedback**

1. How understandable did you find the questions and requirements of the application form?
- Easily understandable, understandable, not understandable, difficult to understand
2. Did you use any technical assistance offerings provided by GRANTMAKER partners to meet the requirements of applying for this grant? Yes or No
- If yes, please list: (required)
3. How supported did you feel by grant program staff to answer the questions and meet the requirements of applying for this grant?
- Very supported, supported, not supported, I did not request/ did not need support

4. How supported do you feel by technical assistance providers you have worked with to meet the requirements of applying for this grant?
  - Very supported, supported, not supported, I did not request/ did not need support
5. In a few words, please tell us what factors into your overall rating. (Narrative, 200 words max.)
6. Please feel free to give any feedback or suggestions for improvement (optional, narrative 200 words max.)

# Subrecipients: Mid-Project Check-In Survey

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*This is a list of questions we may use in a survey for grantees throughout their grant project. Data will be used to understand the progress of the grant and is part of the [Redacted] evaluation plan. These questions may be asked at the end of the project as well to track satisfaction of improvements made.*

This survey serves as a check-point for the progress of your grant project. The aim of this questionnaire is to hear how your project is going, and to learn about how the [Redacted] can better support you for the remainder of the project period.

## Training Materials & Resources

1. Did you access and utilize any application resources provided by the [Redacted] (e.g., the applicant or awarded grantee toolkits)? [Y/N]
  - a. If yes, please specify which resources. [text box]
  - b. How satisfied were you with the available resources?
    - Very satisfied
    - Somewhat satisfied
    - Somewhat unsatisfied
    - Very unsatisfied
    - N/A
  - c. Do you have any suggestions? Any recommendations for additional resources the [Redacted] can provide? [text box]
2. Reflect on the [Redacted] training, workshops, or presentations you attended to date.
  - a. How effective were workshops and presentations on the grant application and award process? [text box]
  - b. Select the factors that encouraged you to participate and/or enabled you to participate. [select ALL that apply]
    - Activity topic
    - Format (e.g., online vs in-person)
    - Timing/schedule
    - Felt comfortable attending
    - Had enough information beforehand
    - Support from my employer

- Availability of transportation for in-person events
- Other: [Text box]
- c. Please reflect on the activities that you participated in over the last year. Select the factors that discouraged you or made it hard to participate.  
[select ALL that apply]
  - Activity topic
  - Format (e.g., online vs in-person)
  - Timing/schedule
  - Did not feel comfortable attending
  - Lack of information beforehand
  - Lack of support from my employer
  - Lack of transportation for in-person events
  - Other: [Text box]
- d. What additional training would you like to see as we approach the latter half of your grant project period? [text box]
- 3. To what extent has trainings and guidance from your grant manager throughout this process met the needs of your organization?
  - Completely met needs
  - Mostly met needs
  - Moderately met needs
  - Slightly met needs
  - Has not met needs at all

*General*

- 4. How would you rate the effectiveness of communication between your organization and your grant manager?
  - Very effective
  - Somewhat effective
  - Neutral
  - Somewhat ineffective
  - Very ineffective
- 5. How effectively did [Redacted] communicate project requirements, EPA standards, and deadlines?
  - Very Effectively
  - Effectively
  - Neutral
  - Ineffectively
  - Very Ineffective

# Subrecipients Post-Award Survey (a)

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As a recipient of the [Redacted] program, your insights are essential for the continuous improvement of our grantmaking processes. This survey is designed to collect your feedback on the effectiveness of our program, focusing on the support provided throughout the grant period, capacity building, compliance requirements, and overall experience.

Your responses will help us understand what works well and what could be improved to better serve and empower communities facing environmental injustices in EPA Region [Redacted]. We appreciate your honest and constructive feedback, and we invite you to join a focus group discussion to explore these topics further.

## Part 1: Background Information

1. **Organization Name:**
2. **Contact Information:**
  - Name:
  - Position:
  - Email:
  - Phone:
3. **Primary languages used within your organization:**
4. **Type of Project Funded:**
5. **Amount of Funding:**

## Part 2: Subgrantee Support

5. How would you describe the overall quality of support provided to subgrantees?
  - Excellent
  - Good
  - Fair
  - Poor



6. What specific resources or tools provided by the grantmaker were most helpful in supporting your capacity to manage the grant?
7. Were there adequate resources for training or development for your team provided by the grantmaker?
  - Yes, entirely adequate
  - Somewhat adequate
  - Barely adequate
  - Not adequate

### **Part 3: Compliance and Reporting**

8. How clear were the compliance and reporting requirements provided by the grantmaker?
  - Very clear
  - Somewhat clear
  - Not very clear
  - Not clear at all
9. Did you encounter any challenges in meeting the compliance and reporting requirements?
  - Yes
  - No
  - If yes, please explain:
10. Did you encounter any language or technical barriers in understanding or implementing the compliance requirements? If yes, please explain.
11. How responsive was the grantmaker when you sought clarification or help with compliance issues?

### **Part 4: Communications**

12. Rate the adequacy of communication regarding timelines and expectations from the grantmaker.
  - Very adequate
  - Adequate
  - Inadequate
  - Very inadequate
13. Were communication materials available in the primary language(s) of your organization's staff?
  - Yes
  - No
14. How effective was the grantmaker in adapting their communication to suit your specific project context?

### **Part 5: Operations and Performance**

15. How adaptable was the grantmaker to changes in your project's scope or context?
  - Very adaptable

- Somewhat adaptable
  - Not very adaptable
  - Not adaptable at all
16. What operational aspects of the grantmaker facilitated the successful implementation of your project?
17. What challenges did you face with the grantmaker's operational procedures?

## **Part 6: Overall Experience**

18. How effective was the grantmaker in supporting the specific needs of your community or target group?
- Very effective
  - Effective
  - Ineffective
  - Very ineffective
19. In what ways could the grantmaker improve their support to better align with diverse community contexts?
20. Overall, how likely are you to recommend this grantmaker to other entities?
- Very likely
  - Likely
  - Unlikely
  - Very unlikely
21. Overall, how would you rate your experience as a grant recipient?
- Excellent
  - Good
  - Fair
  - Poor
22. Would you apply for funding from this grantmaker again?
- Yes
  - No
23. Additional comments or suggestions:

## **Subrecipients Post-Award Survey (b)**

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Hello [REDACTED] EJ TCGM sub awardees! Thank you for taking the time to complete this survey. The following questions will ask you about your experiences in the [REDACTED] EJ TCGM program, including technical assistance and capacity-building services (TA/CB) provided. The survey should not take more than 15 minutes of your time. The [REDACTED] EJ TCGM will use your feedback to improve the program for current and future sub awardees.

Please contact [CONTACT NAME AND EMAIL] with any questions.

**Block 1**

Below is a list of the TA/CB services that the [REDACTED] EJ TCGM has provided over the [INSERT TIME PERIOD]. For each item on the list, please indicate whether you were aware of it or not.

	Aware	Not Aware	Not Sure
[Insert Event/ Activity/Service 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert Event/ Activity/Service 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert Event/ Activity/Service 3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of the TA/CB services that the [REDACTED] EJ TCGM has provided over the [INSERT TIME PERIOD]. For each item on the list, please choose one response option that indicates the extent to which you were/would be interested in it.

	Not interested	A little interested	Somewhat interested	Very interested
[Insert Event/ Activity/Service 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert Event/ Activity/Service 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert Event/ Activity/Service 3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please review the list of the TA/CB services that the [REDACTED]EJ TCGM has provided over the [INSERT TIME PERIOD] (below), and check the box next to each one that you participated in. Please check all that apply.

- ☐ [Insert Event/Activity/Service 1]
- ☐ [Insert Event/Activity/Service 2]
- ☐ [Insert Event/Activity/Service 3]

Please rate how helpful each TA/CB service was for your organization that you participated in.

	Not at all helpful	Slightly helpful	Helpful	Very helpful
[Insert Event/Activity/Service 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all helpful	Slightly helpful	Helpful	Very helpful
[Insert Event/Activity/Service 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert Event/Activity/Service 3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated above that at least one of the TA/CB services was slightly helpful or not helpful at all. How can we improve future TA/CB services?

## Block 2

Please reflect on all the TA/CB services that you participated in during [INSERT TIME PERIOD].

Select the factors that encouraged you to participate and/or enabled you to participate. [select ALL that apply]

- ☐ Activity topic
- ☐ Format (e.g., online vs in-person)

- ☐ Timing/schedule
- ☐ Felt comfortable attending
- ☐ Had enough information beforehand
- ☐ Trust in the [REDACTED]EJ TCGM
- ☐ Support from my employer
- ☐ Availability of transportation for in-person events
- ☐ Availability of childcare for in-person events
- ☐  Other (please specify)

Please reflect on all the TA/CB services that you participated in during [INSERT TIME PERIOD].

Select the factors that discouraged you from participating or made it hard to participate. [select ALL that apply]

- ☐ Activity topic
- ☐ Format (e.g., online vs in-person)
- ☐ Timing/schedule
- ☐ Did not feel comfortable attending
- ☐ Lack of information beforehand
- ☐ Lack of trust in the [REDACTED]EJ TCGM
- ☐ Lack of support from my employer
- ☐ Lack of transportation for in-person events
- ☐ Lack of childcare for in-person events
- ☐  Other (please specify)

Please reflect on all the TA/CB services that you participated in during [INSERT TIME PERIOD] and indicate your overall agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly agree
The TA/CB services I/my team received provided me with the skills and resources I need to successfully implement my project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When challenges arise, the [REDACTED] EJ TCGM provides me/my team with the TA/CB services we need to problem solve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA/CB services I/my team receive provide me with the skills and resources I need to sustain my work after the project period ends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the TA/CB services offered by the [REDACTED] EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Strongly Disagree	Disagree	Agree	Strongly agree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the TA/CB services I have received from the [REDACTED] EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated that you disagreed or strongly disagreed with at least one of the statements above. How can we improve future TA/CB services?

Since receiving funding from the [REDACTED] EJ TCGM, how would you rate your:

	Much lower	Lower	No change	Higher	Much higher
Overall organizational capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network of partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to access, analyze, and use data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant writing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Much lower	Lower	No change	Higher	Much higher
Grant management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available financial resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What additional technical assistance and capacity-building topics and opportunities would you like [REDACTED] EJ TCGM to offer? (select all that apply)

- ☐ Workplan development
- ☐ Budgeting
- ☐ Quality Assurance Project Plans
- ☐ Communications
- ☐ Project evaluation
- ☐ Racial equity
- ☐ Leadership development (e.g., adaptive leadership)
- ☐ Networking opportunities
- ☐ Site visits to similar projects
- ☐ Community engagement
- ☐  Other (please specify)
- ☐ I do not need/want any additional technical assistance or capacity building services

Please indicate how you feel about the amount of time you/your team spends on the following activities:

	Too little	About the right amount	Too much
The amount of time [REDACTED] EJ TCGM expects me/my team to spend participating in TA/CB services is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time [REDACTED] EJ TCGM expects me/my team to spend participating in meetings with the Program Officer and other coordinating staff is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time [REDACTED] EJ TCGM expects me/my team to spend on reporting is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please reflect on your overall experience as a sub awardee of the [REDACTED] EJ TCGM during [INSERT TIME PERIOD] and indicate your overall agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The funding requirements for this award are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reporting requirements for this award are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The monitoring and evaluation requirements for this award are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectations and requirements for this award have been clearly communicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The [REDACTED] EJ TCGM has supported me/my team in meeting the expectations and requirements for this award.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been satisfied with the amount and type of communications I receive from the [REDACTED] EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been sufficient opportunities to network with fellow sub awardees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated that you disagreed or strongly disagreed with at least one of the statements above. How can we improve your overall experience as a sub awardee?

### **Block 3**

Have you received a federal grant before?

- ☐ Yes
- ☐ No
- ☐ Don't Know

How does the [REDACTED] EJ TCGM program compare to your prior experience receiving a federal grant?

- ☐ Harder
- ☐ About the same
- ☐ Easier

## Subrecipients Post-Award Survey (c)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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*This is a list of questions we may use in a survey for subrecipients at the end of their project. Data will be used to understand their satisfaction with the program and the impact of the grant in their community.*

Organization Name:	
Please let us know how you found out about [Redacted]	

How satisfied are you with the processes implemented by the [Redacted]?	<ul style="list-style-type: none"> <li>• Not satisfied</li> <li>• Somewhat satisfied</li> <li>• Very satisfied</li> </ul>
How accessible was the [Redacted]? (straightforward instructions, ease of application and award process)	<ul style="list-style-type: none"> <li>• Not accessible</li> <li>• Somewhat accessible</li> <li>• Very accessible</li> </ul>
Which activities were most valuable to your organization?	
Were there any activities that did not meet your expectations? If yes, please list them.	<ul style="list-style-type: none"> <li>• Yes _____</li> <li>• No</li> </ul>
Were there any activities <i>not currently offered</i> by the [Redacted] that you think should be included in future cycles of [Redacted] programming? If yes, please list your ideas.	<ul style="list-style-type: none"> <li>• Yes _____</li> <li>• No</li> </ul>

<p>Were there any barriers to participation in the services provided? If yes, please list them.</p>	<ul style="list-style-type: none"> <li>• Yes _____</li> <li>• No _____</li> </ul>
<p>Please provide any additional feedback; what were some positive aspects of the [Redacted]? Areas for improvement?</p>	

1. Since engaging with the [Redacted], do you feel that your organization has a community-wide plan in place to tackle environmental and public health issues? *[text box]*
2. Since engaging with the [Redacted], do you feel that you have better access to reliable data specifically about environment issues impacting your community? *[text box]*
3. Since engaging with the [Redacted], have you seen an increase in partnerships between community stakeholders across your organization? *[text box]*
4. Please describe how the [Redacted], and the Environmental Justice Thriving Communities Grantmaking program as a whole, has impacted your work (e.g., access to federal funds, relieved burden of grants processes, navigating project development, etc.) *[text box]*
5. **Before** engaging with the [Redacted], how would you rate your organization's capacity to prepare a federal grant application (such as submitting a funding application to the US Environmental Protection Agency or US Department of Energy)?  
*By capacity we mean having leadership, infrastructure, staff, knowledge, funding, and partnerships to successfully complete the application process.*
  - a. Strong capacity *(Our organization has the leadership, systems/infrastructure, staff, skills, financial resources, and partnerships to prepare an application.)*
  - b. Moderate capacity *(Our organization is knowledgeable about grant writing and can prepare a successful grant but faces challenges in developing the application or budget/management systems.)*
  - c. Basic capacity *(Our organization knows about grants and sometimes submits applications but lacks procedures or sufficient support to do so regularly.)*
  - d. Low capacity *(Our organization does not have the resources to apply for grants.)*
6. **After** engaging with the [Redacted], how would you rate your organization's capacity to prepare a federal grant application (such as submitting a funding application to the US Environmental Protection Agency or US Department of Energy)?  
*By capacity we mean having leadership, infrastructure, staff, knowledge, funding, and partnerships to successfully complete the application process.*
  - b. Strong capacity *(Our organization has the leadership, systems/infrastructure, staff, skills, financial resources, and partnerships to prepare an application.)*
  - c. Moderate capacity *(Our organization is knowledgeable about grant writing and can prepare a successful grant but faces challenges in developing the application or budget/management systems.)*
  - e. Basic capacity *(Our organization knows about grants and sometimes submits applications but lacks procedures or sufficient support to do so regularly.)*
  - f. Low capacity *(Our organization does not have the resources to apply for grants.)*

## Subrecipients Post-Award Survey (d)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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*This is a list of questions we may use in a poll, survey or questionnaire to gather information from subrecipients at the end of their project period. Data would be collected to better understand their experiences and the successes of the program.*

### Post-participation Survey

How will your experience with the [Redacted] support your environmental justice goals and the goals of your organization or community? [narrative]

What is one action step that you identified and/or implemented because the [Redacted] addresses environmental justice concerns in your community? Please provide a specific example. [narrative]

In a short paragraph, please describe your biggest success in the [Redacted]. [narrative]

In a short paragraph, please describe your biggest challenge in the [Redacted]. [narrative]



# Community Partners Feedback Survey

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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*This is a list of questions we may use in a survey for [Redacted] community partners throughout the project period. Data will be collected and analyzed to understand their satisfaction with the project.*

1. Please let us know how you heard about this partnership with the [Redacted].
2. Please list any activities you have participated in throughout your partnership with the [Redacted] (training, scoring convenings, co-design processes, outreach activities, etc.).
3. Please reflect on the activities that you participated in over the last year.  
Select the factors that encouraged you to participate and/or enabled you to participate.  
[select ALL that apply]
  - a. Activity topic
  - b. Format (e.g., online vs in-person)
  - c. Timing/schedule
  - d. Felt comfortable attending
  - e. Had enough information beforehand
  - f. Support from my employer
  - g. Availability of transportation for in-person events
  - h. Other: [Text box]
4. Please reflect on the activities that you participated in over the last year.  
Select the factors that discouraged you or made it hard to participate.  
[select ALL that apply]
  - a. Activity topic
  - b. Format (e.g., online vs in-person)
  - c. Timing/schedule
  - d. Did not feel comfortable attending
  - e. Lack of information beforehand
  - f. Lack of support from my employer
  - g. Lack of transportation for in-person events
  - h. Other: [Text box]

5. Overall, how satisfied are you with the [Redacted]'s programs and processes.
  - a. Very unsatisfied
  - b. Somewhat unsatisfied
  - c. Somewhat satisfied
  - d. Very satisfied
  
6. The [Redacted] established the EJ Council as part of the participatory governance structure, to involve one or more community based organizations across EPA [Redacted] in the design and decision-making of the subgrants program. How satisfied are you with your involvement as a partner in this initiative?
  - a. Very unsatisfied
  - b. Somewhat unsatisfied
  - c. Somewhat satisfied
  - d. Very satisfied
  
7. What is working well at the [Redacted]? Please list some positive aspects of the [Redacted] program and processes. *[text box]*
  
8. What could be better at the [Redacted]? Please list some suggestions for improvement. *[text box]*
  
9. If you have any additional comments about the [Redacted]'s work, please note them here. *[text box]*

# Subrecipients Post-Award Survey (e)

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number 2035-NEW. Responses to this collection of information are voluntary. 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. The public reporting and recordkeeping burden for this collection of information is estimated to be 5 to 20 minutes. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (28211); 1200 Pennsylvania Ave., NW; Washington. D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

The use of this provided template is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.

## Post-Award Questions

*(These items should only be asked of organizations who are selected and receive funding through a Thriving Communities grant.)*

How helpful was the Thriving Communities program staff and tools in supporting you during the grant process?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not helpful

What ideas do you have, if any, to make the grant process easier?

## Grant Reader Feedback Survey

OMB Control Number = (2035.NEW), Expiration Date = (dd/mm/yyyy)

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### Screening

Thank you for your interest in the [REDACTED] Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM) Grant Reader Survey! Please answer the following question to confirm that you are eligible to take this survey.

Did you serve as a Grant Reader for the [REDACTED] EJ TCGM during the [insert date] funding cycle?

- ☐ Yes
- ☐ No
- ☐ Don't Know

## Introduction

Hello [REDACTED] EJ TCGM Grant Readers! Thank you for taking the time to complete this survey. The following questions will ask you about your experiences as a Grant Reader for the [REDACTED] EJ TCGM program. The survey should not take more than 15 minutes of your time. The [REDACTED] EJ TCGM will use your feedback to improve the review process for current and future Grant Readers.

To thank you for your time, you will have the option to enter a drawing for one (1) of four (4) \$50 gift cards after submitting your answers. Participation in the drawing is voluntary.

Please contact [CONTACT NAME AND EMAIL] with any questions.

# Information and Online Platforms

The following questions will help us understand how the resources the [REDACTED] EJ TCGM provided were used and whether they were helpful. We're also interested in how [REDACTED] EJ TCGM staff assisted you in your review process and if there are additional supports that we could provide to reduce barriers to access.

Please reflect on your experience as a grant reader and indicate your overall agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The instructions and expectations for the grant reader review process were clearly communicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The online application review platform was easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated that you disagreed or strongly disagreed with at least one of the statements above. How can we improve future resources?

## Impact and Implementation

This section asks about your experience reviewing grant applications and applying Jemez Principles in the review process.

Is this your first time reviewing grants with the [REDACTED] EJ TCGM?

- ☐ Yes
- ☐ No
- ☐ Don't Know

How helpful were the following tools in completing your application reviews?

	Not helpful at all	Somewhat helpful	Helpful	Very helpful	I did not use this tool
Reader orientation webinar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bias training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly reader digest emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reader drop-in hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual communication with staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reader handbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated that at least one of the tools above was somewhat helpful or not helpful at all. How can we improve these tools in the future?



To what extent were you able to apply your knowledge of each Jemez Principle while reviewing applications?

	I understood this Jemez Principle and could apply my knowledge of it while reviewing applications.	I understood this Jemez Principle but was not sure how to apply my knowledge of it while reviewing applications.	I did not understand this Jemez Principle and did not know how to apply my knowledge of it while reviewing applications.
Be Inclusive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphasis on Bottom-Up Organizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let People Speak for Themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Together in Solidarity and Mutuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build Just Relationships Among Ourselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Transformation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if anything, would have helped you better understand and apply each Jemez Principle?

## Review Process

Please reflect on your experience as a grant reader and indicate your overall agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The applications I reviewed understood the goal(s) of the [REDACTED] EJ TCGM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The applications I reviewed reflected an understanding of their community's environmental justice, climate, and/or public health need(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The applications I reviewed reflected a commitment to community engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
The applications I reviewed reflected a commitment to building and strengthening partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The applications I reviewed represented underserved and/or capacity-constrained communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience and knowledge were leveraged during the application review process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Debrief Session

Did you attend the Community Grant Reader Virtual Gathering on [INSERT DATE]?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If you would like to, please share any thoughts on how to improve further grant reader sessions.

## Geographic Representation

Which of these sectors do you most closely identify with?

- ☐ Non-profit
- ☐ For-profit
- ☐ Government
- ☐ Philanthropy
- ☐ Education
- ☐ Service
- ☐ I am retired
- ☐ Not currently working
- ☐  Other (please specify)

What states do you live/work in?

- ☐ [REDACTED]
- ☐ [REDACTED]

- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐ [REDACTED]
- ☐  Other (please specify)

Please share which perspective(s) you most closely identify with:

- ☐ Rural
- ☐ Suburban
- ☐ Peri-Urban (not quite urban, not quite suburban)
- ☐ Urban
- ☐ Indigenous Community
- ☐ Wish to not disclose
- ☐  Other (please specify)

## Demographics

We strive to ensure that we have a diversity of perspectives represented across race/ethnicity, class, gender, and other identifiers. This section of the survey helps us better understand how you self-identify across a number of

demographic characteristics.

If you are uncomfortable answering any question, please feel free to select 'Wish not to disclose'. We will only share information in this section as a full group summary and we will not externally disclose any information about specific readers.

To support our continued learning, there is a place at the end of this form (and within specific questions) where you can provide feedback on how we ask about, categorize or otherwise collect demographic information in this section.

Please select your age bracket:

- ☐ Under 26
- ☐ 26 - 35
- ☐ 36 - 45
- ☐ 46 - 55
- ☐ 56 - 65
- ☐ 66 - 75
- ☐ 76 +
- ☐ Wish not to disclose

## Self-identified gender

A 2020 Diversity Among Philanthropic Professionals survey found that 68% of foundation staff and board in the US self-identified as female and 1.5% self-identified as Transgender. We believe it is important for us to understand the gender demographics of our GMC members as their perspectives inform how funding is allocated. We ask that you self-identify your gender in the boxes below, knowing that this is an imperfect way to capture the complexity of this "metric." We welcome your feedback on how we could do this better, and/or an alternate description of your gender in the text box below.

Self-identified gender (check all that apply):

- ☐ Woman
- ☐ Man
- ☐ Transgender, non-binary, genderqueer, or otherwise not confirming to the gender binary
- ☐ None of these apply to me (please describe if desired)
- ☐ Wish not to disclose

## Sexual orientation

A 2020 Diversity Among Philanthropic Professionals survey found that 77% of foundation staff in the US self-identified as heterosexual. We believe it is important for us to understand the sexual orientation demographics of our GMC members as their perspectives inform how funding is allocated.

As with the question above, we simplify this complex question in order to obtain information about what diverse perspectives exist within our GMC membership, and if we are being successful in disrupting traditional norms within the philanthropic sectors. We welcome your feedback.

You self-identify as:

- ☐ Lesbian, Gay, Bisexual, Queer, or otherwise "not Straight"
- ☐ Straight/Heterosexual
- ☐  I wish to self-identify (please describe if desired)
- ☐ Wish not to disclose



## Socioeconomic class

We recognize that income and quality of life vary based on geographic cost of living, racial/ethnic identity, gender identity, and more factors out of the individual's control. In an attempt to acknowledge the systemic nature of income as it relates to power in our [REDACTED] communities, we are shifting to a power-oriented analysis of income. When we say class, we are most concerned with your relationship to labor, production, and how you get your needs met, not the specific dollar amount you make. Please select the choice which best describes your personal experience and financial status.

Choose the statement which best fits your financial situation:

- ☐ I am currently not employed and rely on friends, family, other social supports and/or governmental aid to have a safe place to live, food to eat, and/or healthcare. This can include students and fixed incomes including but not limited to, social security payments, retirement savings (like a 401k plan), pensions, disability benefits, and life insurance payouts.
- ☐ I am underemployed and therefore need to rely on friends, family, other social supports and/or governmental aid to have a safe place to live, food to eat, and/or healthcare.
- ☐ I am currently employed, but if I were to lose my job, I would eventually need to lean on friends, family, or other social supports and/or governmental aid to have a safe place to live, food to eat, and healthcare.

- ☐ Regardless of my employment status, I have access to income from other sources such as property (renting or selling), a profitable business, investments in the stock market, or other assets inherited, gifted or otherwise, which would enable me to afford a safe place to live, food to eat, and healthcare without working or relying on social or governmental supports for the foreseeable future.
- ☐ Wish not to disclose

## Schooling

What is the highest level of education you have obtained?

- ☐ No schooling completed
- ☐ Nursery school to 8th grade
- ☐ Some high school, no diploma
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Some college credit, no degree
- ☐ Trade / technical / vocational training
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree
- ☐ Doctorate degree
- ☐ Wish not to disclose

## **Racial & Ethnic identity**

A 2020 Diversity Among Philanthropic Professionals survey found that 52% of foundation staff in the US self-identified as white and 45% self-identified as BIPOC (Black, Indigenous and People of Color). We believe it is important for us to understand the racial demographics of our GMC members as their perspectives inform how funding is allocated.

We encourage you to select the commonly used census categories below and/or describe with more specificity in the text box below if you do not feel adequately represented by these boxes alone. If you do not feel comfortable identifying in either of these ways, please select "wish not to disclose."

If you are white and choose to describe your ethnic identity beyond whiteness, we strongly encourage you to select "White" AND self-describe in the text box below. This helps us to have accurate data about the racial demographics of our GMC members, and the extent to which we are or are not truly confronting white supremacy culture in philanthropy.

# What is your race and/or ethnicity?

*Select all that apply.*

☐ American Indian or Alaska Native

*For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

☐ Asian

*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*

☐ Black or African American

*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

☐ Hispanic or Latino

*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*

☐ Middle Eastern or North African

*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*

☐ Native Hawaiian or Pacific Islander

*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*

☐ White

*For example, English, German, Irish, Italian, Polish, Scottish, etc.*

☐ None of these describe me (please describe if desired) \_\_\_\_\_

☐ Wish to not disclose

## Disability & accessibility

A 2020 Diversity Among Philanthropic Professionals survey found that 12% of foundation staff and board in the US self-identified as having a disability. We believe it is important for us to understand the disability demographics of our GMC members as their perspectives inform how funding is allocated.

As with the questions above, we seek to obtain information about what diverse perspectives exist within our GMC membership, and if we are being successful in disrupting traditional norms within the philanthropic sectors. We welcome your feedback.

Do you identify as a person with a disability?

- ☐ Yes
- ☐ No
- ☐ Wish not to disclose
- ☐  I will self-identify (please specify)

Are there any accommodations [REDACTED] could provide to enable you to participate more fully as a community grant reader?

## **Feedback on Demographics Questions**

If you have additional feedback about any of the demographic questions in this section, please include it here.

## **Raffle**

Thank you for your participation in the Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM) Grant Readers Survey! If you would like to enter a raffle for one (1) of four (4) \$50 gift cards, please click on the link below. Participation is completely voluntary.

# Community Leadership Board Feedback Survey

OMB Control Number = (2035.NEW) and Expiration Date = (dd/mm/yyyy)

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Thank you for participating in this survey. Your feedback is crucial in assessing the performance, communications, and operations of the [Redacted]. Please answer the following questions based on your experiences and observations.

## Survey Questions:

### 1. Performance:

- ☐ How satisfied are you with the overall performance of the [Redacted]?
  - ☐ Very Satisfied
  - ☐ Satisfied
  - ☐ Neutral
  - ☐ Dissatisfied
  - ☐ Very Dissatisfied
- ☐ What aspects of the program's performance have impressed you the most?
  - ☐ (Open text field)
- ☐ What areas of the program's performance do you think need improvement?
  - ☐ (Open text field)

### 2. Communications:

- ☐ How would you rate the effectiveness of communication within the board?
  - ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
  - ☐ Very Poor
- ☐ How well does the program communicate with external stakeholders?
  - ☐ Excellent
  - ☐ Good

- Fair
- Poor
- Very Poor
- Are there any communication tools or strategies you believe could enhance our interactions?
  - (Open text field)
- 3. Operations:**
  - How efficiently do you think the program operates in terms of project management and administration?
    - Very Efficiently
    - Efficiently
    - Neutral
    - Inefficiently
    - Very Inefficiently
  - What operational challenges have you observed, and how do you suggest we address them?
    - (Open text field)
- 4. Overall Satisfaction:**
  - Considering everything, how satisfied are you with your role in the board?
    - Very Satisfied
    - Satisfied
    - Neutral
    - Dissatisfied
    - Very Dissatisfied
  - What changes or improvements would you recommend for the board and the program?
    - (Open text field)

## **Mission Alignment**

This section of the survey is designed to assess how effectively the [Redacted] aligns with its mission to provide federal funding for environmental justice projects, prioritizing underrepresented groups and communities overburdened by environmental injustices in Region [Redacted].

- 5. Mission Understanding:**
  - How well do you understand the mission of the grantmaker program?
    - Very Well
    - Well
    - Somewhat
    - Poorly
    - Not at All
- 6. Mission Alignment:**
  - How effectively do you believe the program's activities align with its mission?



- Extremely Effectively
- Effectively
- Somewhat Effectively
- Not Very Effectively
- Not at All Effectively
- What aspects of the program do you think best reflect its mission?
  - (Open text field)
- Are there any aspects of the program that you feel do not align well with its mission?
  - (Open text field)

**7. Impact on Targeted Communities:**

- How effectively is the program reaching and benefiting underrepresented groups and communities burdened by environmental injustices?
  - Extremely Effectively
  - Effectively
  - Somewhat Effectively
  - Not Very Effectively
  - Not at All Effectively
- Can you provide examples of successful or unsuccessful outreach and support initiatives?
  - (Open text field)

**8. Suggestions for Better Alignment:**

- What changes or strategies would you suggest to improve alignment with the program's mission?
  - (Open text field)

# Faculty Advisory Committee Feedback Survey

Control Number = (2035.NEW) and Expiration Date = (dd/mm/yyyy)

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**Introduction:** We value your contributions to the Faculty Advisory Committee (FAC) and seek your feedback to ensure we are effectively supporting the [Redacted] project and addressing any challenges. Please take a few minutes to complete this survey. Your responses will help us assess our success and identify areas for improvement.

## Survey Questions:

### 1. Overall Effectiveness

- ☐ How would you rate the overall effectiveness of the FAC in fulfilling its roles and responsibilities?
  - ☐ Very Effective
  - ☐ Effective
  - ☐ Neutral
  - ☐ Ineffective
  - ☐ Very Ineffective

### 2. Subgrant Proposal Review

- ☐ How satisfied are you with the FAC's process for reviewing subgrant proposals for feasibility and potential partnership support?
  - ☐ Very Satisfied
  - ☐ Satisfied
  - ☐ Neutral
  - ☐ Dissatisfied
  - ☐ Very Dissatisfied
- ☐ Please provide any suggestions for improving the proposal review process:  
[Open Text Field]

### 3. Project Support

- How would you rate the FAC's effectiveness in providing support to subgrant recipients, particularly in terms of compliance with research requirements and connecting them with university resources?
  - ☐ Very Effective
  - ☐ Effective
  - ☐ Neutral
  - ☐ Ineffective
  - ☐ Very Ineffective
- Are there specific areas where you believe the FAC could improve in supporting subgrant recipients?  
[Open Text Field]

**4. Dissemination of Findings**

- How effective has the FAC been in disseminating findings from the [Redacted] Grantmaker and subgrant projects through various channels?
  - ☐ Very Effective
  - ☐ Effective
  - ☐ Neutral
  - ☐ Ineffective
  - ☐ Very Ineffective
- Do you have any recommendations for enhancing the dissemination of findings?  
[Open Text Field]

**5. Resources and Support**

- How well does the FAC identify and leverage university and other resources to support subgrant projects?
  - ☐ Very Well
  - ☐ Well
  - ☐ Neutral
  - ☐ Poorly
  - ☐ Very Poorly
- Are there additional resources or support you believe the FAC needs to perform its duties more effectively?  
[Open Text Field]

**6. Communication and Collaboration**

- How would you rate the communication and collaboration within the FAC and with subgrant recipients?
  - ☐ Excellent
  - ☐ Good
  - ☐ Average
  - ☐ Poor
  - ☐ Very Poor
- What improvements could be made to enhance communication and collaboration?  
[Open Text Field]

**7. Challenges and Barriers**

- What challenges or barriers have you encountered in your role on the FAC?  
[Open Text Field]
- How can these challenges be addressed?  
[Open Text Field]

**8. Additional Feedback**

- Do you have any additional comments or suggestions for improving the FAC's effectiveness or the [Redacted] project as a whole?  
[Open Text Field]

**Thank you for your time and valuable input. Your feedback is essential in helping us achieve our goals and continuously improve our processes.**