## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)

**TITLE OF INFORMATION COLLECTION:**

2013 MSAP Project Directors Needs Assessment Survey

**PURPOSE:**

The purpose of the 2013 MSAP Project Directors Needs Assessment Survey is the gain an understanding of the 2013 Magnet Schools Assistance Program (MSAP) grantees’ project implementation and management circumstances to determine grantees immediate needs during the first part of the grant cycle. The complexities associated with implementing and managing MSAP statutory purposes requires grantees to overcome contextual and project implementation challenges. This data collection activity will assist in providing appropriate and timely technical assistance services and products to the 27 grantees in the 2013 MSAP cohort to help them establish, manage, and sustain successful magnet programs.

Surveys will be administered in a web-based format to 27 project directors in the 2013 MSAP cohort by the ED-OII-13-C-0073 contractor to collect data using a modified version of Burton and Merrill’s (1994) Needs Assessment Framework. Data collection using the 2013 MSAP Project Directors Needs Assessment Survey will be completed one time within the 3-year MSAP grant cycle. However, this survey is part of ongoing needs assessment activities that will occur throughout the 3-year grant cycle.

The web-based survey will be emailed to each of the 27 project directors and obtained at [www.msapcenter.com](http://www.msapcenter.com). See the attached 2013 MSAP Project Director Needs Assessment Survey instrument.

**DESCRIPTION OF RESPONDENTS**:

MSAP project directors are essential to magnet program success; they implement and manage the MSAP grant projects and are responsible for project monitoring and accountability. Project directors are experienced administrators and are thoroughly informed about possible challenges to project implementation as well as project components and context, at both the district and magnet program levels. They can also engage community stakeholders to secure funding, access resources to support project sustainability, and pursue theme-based partnerships to enhance the magnet theme/curriculum. Understanding project director characteristics, needs, challenges, and successes, and their assessment of the MSAP-funded schools and staff will help MSAP tailor technical assistance services to grantees as well as the larger magnet schools community. The contractor will administer a 15-minute survey to project directors from each of the 27 grant projects.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus Group [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Individuals: MSAP Project Directors | 27 | 15 | 6.75 |
|  |  |  |  |
| **Totals** | **27** | **15** | **6.75** |

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \_$26,697.00. This is a one-time cost under ED-OII-13-C-0073

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [] Yes [X ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The survey will be administered to all Project Directors in the 2013 MSAP cohort; therefore, a sampling plan will not be used. The names and contact information of the 27 project directors are on file and will be used to administer the survey.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ X ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [ X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**