

Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on the Service Delivery of the Consumer Financial Protection Bureau” (OMB Control Number: 3170-XXXX)

TITLE OF INFORMATION COLLECTION:

Empowerment Convening Evaluation Questions

PURPOSE:

The purpose of this form is to solicit feedback from individuals who were invited to participate in a convening hosted by the Office of Financial Empowerment at the Consumer Financial Protection Bureau on November 28-29. This feedback will help the Office assess the effectiveness and usefulness of the convening, its strengths and weaknesses, and help understand better the perspective of the participants with regard to the topics presented at the convening.

DESCRIPTION OF RESPONDENTS:

Approximately 150 individuals who were invited to participate in a convening hosted by the Office of Financial Empowerment at the Consumer Financial Protection Bureau on November 28-29.

TYPE OF COLLECTION: (Check one)

Customer Comment Card/Complaint Form

Usability Testing (e.g., Website or Software

Focus Group

Customer Satisfaction Survey

Small Discussion Group

Other: _____

CERTIFICATION:

By submitting this document, the Bureau certifies 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.

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
Survey Respondents	150	10 minutes	25 hours
Totals	150	N/A	25 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$0.

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

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?

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Administration of the Instrument

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

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

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