

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0970-0401)

TITLE OF INFORMATION COLLECTION:

2014 ACF Native American Grantee Conference

PURPOSE: The Administration for Children and Families is holding an agency wide conference for its Native American Grantees, to be held at the Doubletree Hotel - Crystal City, Arlington, VA. The dates are June 17-19, 2014 with June 16 open for the ACF Annual Tribal Consultation session and June 20 open for individual program office meetings.

All ACF program offices are a part of this conference. Other HHS offices including CMS, CDC, SAMHSA, IHS, HRSA and other Federal Agencies such as Dept. of Justice, Dept. of Interior, BIA and BIE, and the Dept. of State are also participating. The conference theme is ACF: Honoring Our Commitments to Native Families and Communities Today and Tomorrow. ACF would like to obtain evaluation and comments on the plenary and workshop sessions. Respondents will be asked to complete 2 evaluation forms so ACF can obtain an idea on what worked for the conference and workshops and what didn't.

This is a request for approval by the Office of Management and Budget (OMB), under the Federal Paperwork Reduction Act of 1995, for a new data collection task to be added to the Administration for Children and Families' already approved generic OMB clearance # 0970-0401. The proposed information collection activity includes obtaining voluntary and anonymous evaluations of the Conference and the Workshops.

Data collected from the proposed Evaluations will be used to better improve future conference planning for ACF Native American grantees.

DESCRIPTION OF RESPONDENTS: Survey respondents will be Native American grantees representing tribal governments, Indian Tribes and tribal organizations, Alaska Native grantees, and non-profit Native American organizations funded by ACF. An estimate of the annual response burden is outline in the following table.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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.

Name: Kimberly.Romine@acf.hhs.gov or Camille.Loya@acf.hhs.gov

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

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

BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|-------------------------------------|--------------------|--------------------|-------------|
| State, local, or tribal governments | | 0.052 | 1.3 |
| Private sector | | 0.052 | 1.3 |
| Federal Government | | 0.052 | .52 |
| Totals | | | 3.12 |

FEDERAL COST: The estimated annual cost to the Federal government is approximately \$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?

The above figures are based on an estimate of approximately 0.052 hour per response to respond and submit each paper evaluation. The potential group of respondents is based on individuals attending the Conference. The evaluations will be provided to attendees at the beginning of the conference and at the start of each workshop.

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.

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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

Participation Time: Provide an estimate of the amount of time (in minutes) 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 Respondents and the Participation Time then 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.

Submit all instruments, instructions, and scripts are submitted with the request.