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

**TITLE OF INFORMATION COLLECTION:**

*Feedback Survey for Financial Capability Integration Toolkit*

**PURPOSE:**

*The U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Community Services (OCS) has contracted with the Corporation for Enterprise Development (CFED) to compile, “Integrating Financial Capability: A Toolkit for Social Service Organizations.” The toolkit was designed to help social service organizations and other community-based organizations design programs that help their clients build financial capability. The purpose of this survey is to collect feedback from interested organizations regarding the effectiveness of the toolkit. OCS and CFED will use this information to revise and finalize the toolkit before releasing it publically.*

**DESCRIPTION OF RESPONDENTS:**

*The respondents will be representatives of organizations who are interested in integrating financial capability strategies into their work and have volunteered to review and provide feedback on the toolkit. These respondents will fall into one of two categories, and there are tailored instruments for each:*

* *Pilot Sites – Representatives of organizations who will pilot the toolkit by implementing some of the tools while receiving technical assistance from CFED.*
* *Reviewers – Representatives of organizations who will read and review the toolkit without using the tools. They will review the overall clarity and structure of the toolkit and provide feedback on how useful they think the tools would be for their organizations or their partners.*

**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.

Name:*\_ Gretchen Lehman\_\_\_\_\_\_*

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No **[X] Not applicable**
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No **[X] Not applicable**

**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**  | **Estimated Number of Respondents** | **Estimated Participation Time** | **Estimated Burden** |
| *Individuals* | *40* | *.5 hours* | *20 hours* |
| *Local governments* | *1* | *.5 hours* | *.5 hours* |
| **Totals** | **41** | **.5**  | **20.5** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$2,500\_\_\_\_**

**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?  **[X] 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?

*CFED and the Office of Community Services have identified organizations that are interested in developing or expanding financial capability services that are pilot sites for the toolkit. We will send the Pilot Site survey to them at the end of the pilot period. Additionally, we are working with other federal agencies and other partners to distribute invitations to review and provide feedback on the toolkit to individual organizations and networks. These invitations will include information on how to view the toolkit and a link to the electronic feedback survey. Anyone that receives an invitation may complete the survey; no sampling is involved.*

**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 submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document.**