## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1009)

**TITLE OF INFORMATION COLLECTION:**

Division of Violence Prevention grantee individual interviews regarding VetoViolence.cdc.gov

**PURPOSE:**

VetoViolence.cdc.gov (Violence Education Tools Online) was developed to be an innovative portal for training and resources that gives practitioners the tools to bridge the gap between science and practice. The site provides a platform for the translation of evidence-based research into interactive and engaging training and tools for practice. VetoViolence is designed primarily for violence prevention practitioners, including state and local health departments, grantees, program evaluators, technical assistance providers, and decision-makers. The site exists to build the capacity of violence prevention initiatives to utilize the current knowledge base to select, implement, and consider research-informed prevention strategies.

The goal will be collect information about how violence prevention grantees have used VetoViolence information to inform their violence prevention work and to identify potential barriers and facilitators related to the grantees' use of VetoViolence.

**DESCRIPTION OF RESPONDENTS**:

Public health department violence prevention grantees from state and local health departments funded through CDC/Division of Violence Prevention (DVP) programmatic support. This group includes representatives from programs who have an interest/involvement in addressing intimate partner violence (DELTA FOCUS), sexual violence (Rape Prevention Education, RPE), child maltreatment (Essentials for Childhood, Efc) and youth violence (STRYVE) as well as the CDC-funded resource centers, PreventConnect and the National Sexual Violence Resource Center (NSVRC).

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

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

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

[X ] Focus Group [X] Other: semi-structured interviews\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:\_\_\_\_\_\_\_\_\_\_\_Karen Angel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ X] 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** |
| Local or state health Department representatives | 44 | 1 hour | 44 hours |
|  |  |  |  |
| **Totals** | **44** | 1 hour | **44 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$2,000**

**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?

DVP staff will conduct one hour, semi-structured individual interviews with representatives from each of the DVP programmatic grantee groups (DELTA FOCUS, RPE, Efc, STRYVE). 10 individuals will be identified to participate from each of the 4 grantee groups as follows:

STRYVE: 10 Individuals identified, 1 sub-grantee lead from each state (10)

DELTA FOCUS: 10 Individuals identified; 1 sub-grantee lead from each state (10)

EFC: 10 Individuals identified, 1 sub-grantee lead from each funded state (5), 1 from each unfunded state (5)

RPE: 10 Individuals identified, 1 sub-grantee lead from each region (10)

PreventConnect: 1-2 individual(s)

NSVRC: 1-2 individual(s)

**Administration of the Instrument**

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

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

[X ] Telephone

[X] In-person

[ ] Mail

[ ] Other, Explain

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