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

**TITLE OF INFORMATION COLLECTION:** Impact Aid Program (IAP) electronic data TA pilot project

**PURPOSE:** The Impact Aid Program (IAP) requests information from local education agencies (LEAs) that wish to develop and launch an electronic data system to collect information regarding eligible federally connected children for the IAP section 7003 application. The project goal is to reduce administrative and financial burdens for LEAs and burden and to identify challenges and best practices to assist other LEAs that may wish to do this in the future.

**DESCRIPTION OF RESPONDENTS**: LEAs that wish to test using their electronic data collection systems for the aggregation and reporting of data on their annual Impact Aid application.

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

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

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

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

**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:\_\_\_\_\_\_ Kristen Walls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ x ] N/A

**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** |
| LEA | 20 | 30 mins | 10 |
|  |  |  |  |
| **Totals** |  |  |  |

**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? [ 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?

We have a list of all FY 2017 applicants.

* Particularly interested in LEAs willing to pilot beginning FY 2018 (we plan to assist additional applicants that want to participate in an FY 2019 application pilot prepare)
* Whether the general solicitation/proposal meets the project scope and requirements
* The LEA’s experience with electronic data collection
* Diverse Representation of LEAs, including:
  + The LEA’s overall size and number of eligible federally-connected children
  + The variety of categories of federally connected students and Federal properties to be surveyed
  + Geographic diversity

**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

[x ] Other, Explain

Through general solicited submission of survey (attached).

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

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