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.

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TYPE OF COLLECTION: (Check one)					
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus 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 agencies.					
4. The results are <u>not</u> intended to be disseminate	ed to the public.				
5. Information gathered will not be used for the policy decisions.					
6. The collection is targeted to the solicitation o experience with the program or may have expense of the collection of the solicitation of the collection is targeted to the collection					
Name: Kristen Walls					
To assist review, please provide answers to the fo	ollowing question:				
Personally Identifiable Information:					
. Is personally identifiable information (PII) collected? [] Yes [x] No					
. 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	e 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	Participation	Burden
	Respondents	Time	
LEA	20	30 mins	10
Totals			

Totals					
FEDERAL (COST: The estimated annual cost to the	Federal governm	ent is _	0	
•	nducting a focus group, survey, or plane vers to the following questions:	n to employ stat	istical m	ethods, p	<u>lease</u>
provide alism	vers to the ronowing questions.				
1. Do you ha	of your targeted respondents ave a customer list or something similar to the and do you have a sampling plan for s	selecting from thi			1
the answer is	is yes, please provide a description of bo no, please provide a description of how y and how you will select them?	•			•
Particular additionWhetThe IDivers	t of all FY 2017 applicants. ularly interested in LEAs willing to pilot onal applicants that want to participate in her the general solicitation/proposal mee LEA's experience with electronic data co se Representation of LEAs, including: The LEA's overall size and number of The variety of categories of federally co be surveyed Geographic diversity	an FY 2019 appets the project sco llection	lication pe and re	pilot prepa equiremen ted childre	are) its en
1. How will [] W [] Te [] In- [] M [x] C Throu	Other, Explain gh general solicited submission of surve	y (attached).			
∠. vv III IIIter	viewers or facilitators be used? [] Yes	[X] INO			

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