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

TITLE OF INFORMATION COLLECTION: First in the World (FITW) Technical Assistance (TA) Feedback

PURPOSE: To help the FITW evaluation TA team assess grantees' satisfaction with TA products, improve future TA efforts, and understand how the TA benefits each grantee.

DESCRIPTION OF RESPONDENTS: Grantees funded through the U.S. Department of Education FITW program, who are developing innovative solutions and collecting evidence about projects designed to address challenges in postsecondary education.

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[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software	[x] Customer Satisfaction Survey[] Small Discussion Group
[] Focus Group	[] Other:

CERTIFICATION:

I certify the following to be true:

TYPE OF COLLECTION: (Check one)

- 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Daphne Garcia

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 [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	Participation	Burden
	Respondents	Time	
(1) Individuals or Households	84	5 minutes	7
(survey to be given at multiple time points)			
Totals	672	3360 minutes	56

FEDERAL COST: The estimated annual cost to the Federal government is \$21472.33

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

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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?

The FITW evaluation TA team has a list of all grantees and external evaluators who will be used as the universe of potential respondents. Subsampling of this larger group will occur based on the specific audience of the TA product for which feedback is being collected. For example, only those grantees who attend a webinar will be surveyed, or only those grantees who are implementing a randomized controlled trial (RCT) will be surveyed regarding a product developed to support implementation of RCT designs.

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
2.	Will interviewers or facilitators be used? [] Yes [x] 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.

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.

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

Participation Time: Provide an estimate of the amount of time 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 responses and the participation time and 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.

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