

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 03/2018)**

**TITLE OF INFORMATION COLLECTION:** Brother, You’re on My Mind (BYOMM) After Action Report

**PURPOSE:** Omega Psi Phi Fraternity Inc. (OPPF), and the National Institute on Minority Health and Health Disparities (NIMHD) have partnered on an initiative to help start conversations about mental health entitled *Brother, You’re on My Mind: Changing the National Dialogue Regarding Mental Health Among African American Men*.

The **BYOMM** After Action Report will determine how well the initiative has met the charge to OP PF chapters to raise awareness about mental health in the African American community. The primary goal of this assessment is to document past and future BYOMM events.

**DESCRIPTION OF RESPONDENTS:** Respondents will be Omega Psi Phi Fraternity members who sponsor BYOMM events.

TYPE OF COLLECTION: (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey           |
| <input type="checkbox"/> Usability Testing                    | <input type="checkbox"/> Small Discussion Group                 |
| <input type="checkbox"/> Focus Group                          | <input checked="" type="checkbox"/> Other: Organizer feedback _ |

**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: Shelly Pollard

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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  N/A
3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

## ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals or Households	600	1	5/60	50
<b>Totals</b>		600		<b>50 hours</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals and Households	50	23.86	\$ 1,193.00
<b>Totals</b>			<b>\$1,193.00</b>

\*Cite source per bls.gov if applicable

[https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$620.00

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Communications Specialist/Outreach Coordinator	GS-13	110,000	0.2%		\$220.00
<b>Contractor Cost</b>					
Palladian Partners, Inc.		200,000	0.2%		\$400.00
Travel					
Other Cost					
<b>Total</b>					<b>\$620.00</b>

**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?

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?

## Administration of the Instrument

- How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain
- Will interviewers or facilitators be used?  Yes  No

**BROTHER, YOU'RE ON MY MIND**

After Action Report

After Action Report

Thank you for all your work in organizing an event to support the Brother, You're on My Mind (BYOMM) initiative. Please complete the following questionnaire within 30 days of your event. Contact the PIH Partnership, Inc. a representative organization will use the information to describe the needs of activities that creates and implementing.

\*1. Organizer Name:

\*2. Organizer Email:

\*3. Organizer Phone Number:

\*4. Chapter Name:

\*5. District:

\*6. Date of event (please enter in MM/DD/YYYY format):

\*7. Location (city, state) of event:

\*8. Type of event:

- Held a mental health professional topic during a chapter meeting to discuss depression and/or mental health
- Develop and distribute your materials in the community (e.g., newspapers, churches)
- Held a community forum on mental health for care
- Participated in a health fair and distributed materials
- Worked with congregations and health resources to focus on mental health
- Other (please specify):

\*9. How many participants attended this BYOMM event? (Please write a numeric entry or range)

\*10. Did you work with partners to plan or implement this BYOMM event?

- Yes
- No

75%

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11. Did you use the BYOMM toolkit materials to plan and implement this event?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

Yes (please indicate how helpful these materials were)

No (please describe why)

100%

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12. Did you connect participants to a mental health professional and/or organization or distribute resources on how to locate mental health resources?

- Yes
- No

13. Were there any personal stories that were shared by participants describing the impact of the BYOMM event?

- No
- Yes (please describe)

14. If you have any additional feedback about this event, please provide it below.

100%

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