

# Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on the Service Delivery of the Consumer Financial Protection Bureau” (OMB Control Number: 3170-0024)

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1. **TITLE OF INFORMATION COLLECTION:** Money Smart for Older Adults Train-the-Trainer Session Feedback Form and Money Smart for Older Adults Participant Evaluation Form.

**PURPOSE:** To assess how trainers view the effectiveness of the Money Smart for Older Adults (MSOA) train-the-trainer curriculum and to survey how MSOA session participants view the effectiveness of the training curriculum. With respect to the train-the-trainer curriculum, feedback is particularly being sought on: the clarity of the information presented; the instructor’s comfort level with teaching the curriculum; how the curriculum will be used; if the instructor’s would recommend the curriculum to other potential instructors; and how likely they are to use the curriculum to train more clients. With respect to participants, the evaluation form provides trainers a way to assess their impact on participants’ knowledge of financial exploitation, and gather feedback on the quality and effectiveness of the materials, the training and the instructor.

2. **DESCRIPTION OF RESPONDENTS:** For the MSOA Train-the-Trainer Session Feedback Form respondents will include individuals representing adult social service agencies, law enforcement, financial services, legal professionals and retired professionals from diverse backgrounds who have participated in a MSOA train-the-trainer program online or in a face-to-face session. For the Participant Evaluation Form respondents will include older adults aged 62+, family caregivers, senior advocates and financial service representatives who have received the presentation of the MSOA consumer training program.

3. **TYPE OF COLLECTION (ADMINISTRATION OF THE INSTRUMENT):**

- a. **How will you collect the information?** (Check all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Web-based or other forms of Social Media | <input type="checkbox"/> Telephone   |
| <input checked="" type="checkbox"/> In-person                     | <input type="checkbox"/> Mail  |
| <input type="checkbox"/> Small Discussion Group                   | <input type="checkbox"/> Focus Group   |
| <input checked="" type="checkbox"/> Other, Explain:               | <u>Data will be provided to the CFPB in aggregate by community stakeholders who will collect the data directly from respondents.</u> |

- b. **Will interviewers or facilitators be used?**

Yes  No  Not Applicable

**4. FOCUS GROUP OR SURVEY:**

If you plan to conduct a focus group or survey, please provide answers to the following questions:

**a. 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  Not Applicable

**b. If the answer is yes, please provide a description below. 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 surveys will be given to individuals who have participated in either the MSOA train-the-trainer session or who have received an MSOA presentation.

**5. PERSONALLY IDENTIFIABLE INFORMATION:**

**a. Is personally identifiable information (PII) collected?**  Yes  No

**b. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?**  Yes  No  Not Applicable

**If Applicable, has a System or Records Notice (SORN) been published?**

Yes  No  Not Applicable

If Yes, provide Federal Register citation for the CFPB.021 Consumer Education and Engagement Records SORN 79 FR 78839.

**c. If applicable, what is the link to the Privacy Impact Assessment (PIA)?**  
**Consumer Experience Research PIA,**

[http://files.consumerfinance.gov/f/201406\\_cfpb\\_consumer-experience-research\\_pia.pdf](http://files.consumerfinance.gov/f/201406_cfpb_consumer-experience-research_pia.pdf)

**6. INCENTIVES:**

**a. Is an incentive provided to participants?**  Yes  No

**b. If Yes, provide the amount or value of the incentive?** \$ N/A

**c. If Yes, provide a statement justifying the use and amount of the incentive** N/A

**7. BURDEN ESTIMATES:**

| Information Collection                  | Number of Respondents | Frequency            | Number of Annual Responses | Response Time (hours) | Burden Hours |
|---|-----------------------|----------------------|----------------------------|-----------------------|--------------|
| Train-the-Trainer Session Feedback Form | 3000                  | 1                    | 3000                       | .05                   | 150          |
| Participant Evaluation Form             | 7000                  | 1                    | 7000                       | .08                   | 583          |
| <b>Totals</b>                           | <b>10,000</b>         | //////////////////// | <b>10,000</b>              | ////////////////////  | <b>733</b>   |

**8. FEDERAL COST:** The estimated annual cost to the Federal government is

\$ 0

## 9. CERTIFICATIONS:

### **CERTIFICATION PURSUANT TO 5 CFR 1320.9, AND THE RELATED PROVISIONS OF 5 CFR 1320.8(b)(3) :**

By submitting this document, the Bureau certifies the following to be true:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (d) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (e) It indicates the retention period for recordkeeping requirements;
- (f) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (g) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected;
- (h) It uses effective and efficient statistical survey methodology; and
- (i) It makes appropriate use of information technology.

### **CERTIFICATION FOR INFORMATION COLLECTIONS SUBMITTED UNDER A GENERIC INFORMATION COLLECTION PLAN**

By submitting this document, the Bureau certifies the following to be true:

- The collection is voluntary.
- The collection is low-burden for respondents and low-cost for the Federal Government.
- The collection is non-controversial and does not raise issues of concern to other federal agencies.
- The results are not intended to be disseminated to the public.
- Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- 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.
- The data collection is not statistically significant, the sample is not intended to be representative, and the results will not be used to make inferences beyond the survey sample.
- The results will not be used to measure regulatory compliance or for program evaluation.