

**Request for Approval under the “Generic Information Collection Plan 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:**

*Your Money, Your Goals* Training Planner Survey

**2. PURPOSE:**

The purpose of this information collection is to gather feedback from initial users of the *Your Money, Your Goals* Training Planner on its usefulness and effectiveness. Edits to the training planner will be made based on user feedback collected through this information collection.

**3. DESCRIPTION OF RESPONDENTS:**

Respondents are people who have participated in an in-person *Your Money, Your Goals* train-the-trainer event in 2017. These people will have been introduced to the Training Planner in their training event and given instructions and guidance for how to use it after the conclusion of the training, to help them plan their own successive *Your Money, Your Goals* training.

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

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

- |  |                                      |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Web-based or other forms of Social Media | <input type="checkbox"/> Telephone   |
| <input type="checkbox"/> In-person   | <input type="checkbox"/> Mail        |
| <input type="checkbox"/> Small Discussion Group                              | <input type="checkbox"/> Focus Group |
| <input type="checkbox"/> Other, Explain _____                                |                                      |

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

- Yes  No  Not Applicable

**5. 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?**

As part of our already-approved information collection, OMB control # 3170-0067<sup>1</sup>, we receive a survey from every participant of the 2017 *Your Money, Your Goals* cohort that conducts their own follow-on training. Based on the information in this survey, we can cross-reference to identify if they participated in an in-person training led by our contractor (as opposed to a webinar). Anyone participating in an in-person training will then receive this Training Planner survey to complete.

**6. 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, what is the link to the Privacy Impact Assessment (PIA)**  
**Industry, Expert, Community Input and Engagement PIA**  
[https://s3.amazonaws.com/files.consumerfinance.gov/f/documents/20161101\\_cfpb\\_Industry\\_Expert\\_Community\\_Input\\_and\\_Engagement\\_PIA.pdf](https://s3.amazonaws.com/files.consumerfinance.gov/f/documents/20161101_cfpb_Industry_Expert_Community_Input_and_Engagement_PIA.pdf)
  
- c. **If Applicable, has a System or Records Notice (SORN) been published?**  
 Yes  No  Not Applicable  
If yes, cite the SORN. Title: \_\_\_\_\_  
\_\_\_\_\_ FR \_\_\_\_\_.

**7. INCENTIVES:**

- a. **Is an incentive provided to participants?**  Yes  No
  
- b. **If Yes, provide the amount or value of the incentive?** \$\_\_\_\_\_.
  
- c. **If Yes, provide a statement justifying the use and amount of the incentive.**

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<sup>1</sup> The Trainer Survey for *Your Money, Your Goals* (OMB control # 3170-0067, expiration date 11/30/2019) is designed for trainers that are part of a *Your Money, Your Goals* cohort to report to the CFPB on the number of frontline staff they trained and the type of information covered in their training.

**8. BURDEN ESTIMATES:**

Information Collection	Number of Respondents	Frequency (Responses per Respondent)	Number of Annual Responses	Response Time (hours)	Burden Hours
All participants in an in-person training returning a Trainer Survey	500	1X	500	0.17	85
<b>Totals</b>	<b>500</b>	////////////////////	<b>500</b>	////////////////////	<b>85</b>

9. **FEDERAL COST:** The estimated annual cost to the Federal government is \$20,000

**10. 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.

## Instructions

(will be deleted prior to submission to OMB)

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1. **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)
2. **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.
3. **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.
4. **TYPE OF COLLECTION:** Check all that apply. If you are requesting approval of other instruments under the generic that are all related, you only need to complete one form. If you are requesting approval for multiple unrelated collections then you must complete a form for each instrument.
5. **FOCUS GROUPS OR SURVEY: If you are conducting a focus group or survey please provide answers to the following questions:**
  - a. **Identify if you have or will have a list of potential respondents (e.g., conference participants).**
  - b. **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.
6. **PERSONALLY IDENTIFIABLE INFORMATION (PII):** Provide answers to the questions. Also, if PII will be collected, please consult with the Bureau's Privacy office before submitting this request to the PRA Team. If applicable, provide a link to the Privacy Impact Assessment (PIA) and the System of Records Notice (SORN) citation should provide the title and Federal Register citation.
7. **INCENTIVES:** An incentive is defined as a positive motivational influence; something that induces action or motivates effort. Incentives are most appropriately used in Federal statistical surveys with hard-to-find populations or respondents whose failure to participate would jeopardize the quality of the survey data. More information on the use of incentives, please see OMB's "Guidance on Agency Survey and Statistical Information Collections" (pages 68-70). This guidance is available on OMB's website at [http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/pmc\\_survey\\_guidance\\_2006.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/pmc_survey_guidance_2006.pdf). If you answer yes to the question regarding incentives, please describe the incentive and provide a justification for the use of an incentive as well as the amount.

Original regulations implementing the 1980 PRA allowed incentives only under extraordinary circumstances. Current regulations require agencies to provide "an explanation for a decision for any payment or gift to respondents, other than remuneration of contractors or grantees" (See 5 CFR 1320.5(a)(1)(iii)(D)).

### How to Justify Incentives:

- Demonstrate need for incentives to improve response rates, validity, and reliability.
- Demonstrate higher "out-of-pocket" costs to respondent or unusual, intrusive demands.
- Provide data showing impact of incentives on response rates, costs, and survey quality.
- Conduct experiments to demonstrate whether incentives work as hypothesized.
- Demonstrate the cost effectiveness of the incentive (e.g., compared to failed study or cost to redo the study).
- Demonstrate need due to special populations, such as control groups for longitudinal studies. (Note: OMB does not accept the use of incentives for recruiting poor and/or minority groups nor do they accept incentives paid to companies.)
- Consider OMB's "rule-of-thumb" for incentive amounts (no more than \$5 to \$10 for upfront cash incentives for non-in person surveys and \$40 to \$75 for focus groups).

**8. BURDEN ESTIMATES:**

**Information Collection:** List the individual collections that you are requesting to be approved under this request. For example, phone survey, web survey, training materials evaluation, conference feedback.

**Number. of Respondents:** Provide an estimate of the Number of respondents.

**Frequency (Responses per Respondent):** Enter how often respondents will respond to this collection (e.g., 1x, monthly, annually, semiannually, etc.)

**Average Response 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). Express in hours.

**Burden Hours:** Provide the Annual burden hours: Multiply the Number of responses and the participation time. This estimate should be expressed as hours. Please round to the nearest whole hour.

**9. FEDERAL COST:** Provide an estimate of the annual cost to the Federal government for conducting the information collection. Do NOT include costs that the Bureau would incur even without the collection.

**10. CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**PLEASE MAKE SURE THAT ALL INSTRUMENTS, INSTRUCTIONS, AND SCRIPTS ARE SUBMITTED WITH THE REQUEST**

**Template Paperwork Act Statement (to be placed on collection instrument(s) either at the bottom of the first or last page)**

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately [## minutes / hours] per response. Responding to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [PRA@cfpb.gov](mailto:PRA@cfpb.gov).

**Paper Forms:** The information is included either on the form, questionnaire, as part of the instructions, or in a cover letter or memorandum that accompanies the collection of information. The following should appear at the top right corner of all paper forms and surveys.

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**Electronic Forms:** The information is included either in the instructions, near the title of electronic collection instrument, or for on-line applications, on the first screen viewed by the respondent. This information can also be provided in a separate window with a link titled, "Paperwork Reduction Act Statement".

**Sample Privacy/Confidentiality Statements – USE ONLY IF APPLICABLE**

[Standard CFPB Statement]

The Bureau will not disclose any personally identifiable information collected except to the extent that it is required to do so by law and as provided in the Privacy Act Statement listed below. Additionally, the Bureau will treat the information collected consistent with its confidentiality regulations at 12 C.F.R. Part 1070, *et seq.*

[Sample statement for when there is no legal authority for a pledge of confidentiality]

Privacy: Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific organization or individual. We will not provide information that identifies you or your affiliation to anyone outside the study team, except as required by law.

Note: The above language is provided by the Office of Management and Budget's Statistical and Science Policy office for studies where there was no real statutory basis for the agency to protect the confidentiality of respondents—This doesn't mean that the agency would not resist providing identifiable information and would seek to provide aggregate nonidentifiable information that would help serve whatever purpose the information was requested for; however, the agency could be legally compelled to provide identifiable information. This statement is not intended to replace any required Privacy Act statements.