

**Request for approval under the clearance of the “Generic Performance Progress Report” OMB control Number: 0970-0490**

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**TITLE OF INFORMATION COLLECTION:** Community Collaborations to Strengthen and Preserve Families Semiannual ACF Performance Progress Report; Appendix B - Program Indicators

**PURPOSE:** Appendix B of the semiannual Administration for Children and Families (ACF) performance progress report (SAPR) requests information on the programmatic and evaluation activities conducted by the grantee during the reporting period as well as activities planned for the next reporting period. The data collection request tailors the standard ACF Performance Progress Report Appendix B to request information that is specific to the Community Collaborations to Strengthen and Preserve Families grantees. It also requests information about dissemination activities and implementation- or evaluation-related technical assistance needs. Grantees are also invited to attach any supporting documents to provide additional insight about their project work, such as Continuous Quality Improvement reports, evaluation reports, press releases, or updated implementation or evaluation plans.

Information from the report will be used by the Children’s Bureau (CB) to meet grants management requirements. The Building Capacity to Evaluate Child Welfare Community Collaborations to Strengthen and Preserve Families (CWCC) project – an effort led by the Office of Planning, Research, and Evaluation (OPRE) in its work to advance the evidence around collaborative approaches to preventing child abuse and neglect – will also use information from the SAPR in their cross-site evaluation (OPRE will submit a full information collection request related to the evaluation). The CWCC team collaborated with CB on the development of the tailored SAPR to ensure information collected is not duplicated through the two efforts. For example, the CWCC will use the information reported by grantees to tailor interview protocols for the evaluation. Information from the SAPR may be included in publications that are released as part of that evaluation. Additional information will be provided in OPRE’s full information collection request.

Semi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

**DESCRIPTION OF RESPONDENTS:** (e.g. States or type of non-profit) Discretionary grantees

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary and in compliance with HHS regulations.
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.

Name: Beth Claxon, Child Welfare Program Specialist, Children’s Bureau- Division of Program Innovation, Federal Project Officer assigned to the Community Collaborations to Strengthen and Preserve Families grants.

To assist OMB review of your request, please provide answers to the following question:

**PERSONALLY IDENTIFIABLE INFORMATION:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent (per year)	Burden per Response (in minutes)	Total Burden
Individuals	7	2	480	6,720
State, local or tribal governments	6	2	480	5,760
<b>Totals</b>	13			<b>12,480 minutes (208 hours)</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,075

**TYPE OF COLLECTION:**

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

- Web-based
- E-mail
- Paper mail
- Other, Explain

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

## **Instructions for completing Request for Approval under the “Generic Performance Progress Report”**

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**Program specific PPRs only need to be submitted to OMB for review and approval.**

**PPR instruments must display the required PRA information, i.e.,**

OMB Control Number: 0970-0490; Expiration date: 1/31/2020 and the following statement:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average ?? hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request.

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used.

**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.

**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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

### **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 per row.

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

**No. of Responses per Respondent:** Provide the number of responses per respondent per year.

**Burden per Response:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**TYPE OF COLLECTION:** Check all that apply. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**Submit all instruments, instructions, and scripts with the request.**