

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)

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**TITLE OF INFORMATION COLLECTION:**

Office of Adolescent Health Grantee Satisfaction Survey

**PURPOSE:**

The Office of Adolescent Health (OAH) at the U.S. Department of Health and Human Services (HHS) requests permission to conduct an annual assessment of grantees’ satisfaction with the support, and communication that OAH routinely offers as part of its regular services to its funded grantees. The annual survey will assess the overall communication and level of support provided by OAH staff and OAH contractors to OAH-funded grantees. Results of these surveys will provide OAH with information that may be used to improve the quality of future grantee support.

**DESCRIPTION OF RESPONDENTS:**

OAH funds Teen Pregnancy Prevention (TPP) grantees and Pregnancy Assistance Fund (PAF) grantees. The contractor will contact Teen Pregnancy Prevention (TPP) grantee and Pregnancy Assistance Fund (PAF) grantee program directors who work on their cooperative agreements. The universe of organizations to be contacted includes Fiscal Year 2015 TPP Grantees and FY 2018 TPP and PAF Grantees (a total of 114 grantee respondents).

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _____                            |

**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: Tara Rice

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 [ ] 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 Respondents	Participation Time	Burden
Private Sector (Web survey or conference paper survey) – Annual survey	228	20/60	76 hours
<b>Totals</b>	<b>228</b>	<b>20/60</b>	<b>76 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$12,223.

For cost calculations, we estimate 20 hours of time for a GS-14. These hours account for OAH staff to create and distribute the surveys, and then collect and review customer feedback. For the contractor, we estimate 83 hours of an intermediate staff member’s time to program the surveys and tabulate the results and 17 hours of senior staff time to review the results.

**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?  
[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?

**Description of Customer List.** OAH’s list of project directors for the grantee organizations will be used as the customer list. The grant programs, listed by category, are displayed in the Table 1 below.

**Sampling Plan.** The universe of potential respondents will include all of the project directors on the grantee list for PAF and TPP grantees. The annual survey would be sent to each grantee each

year of their grant. Therefore, each administration of the annual survey will have up to 114 respondents each year inclusive of all OAH grantee cohorts. Each cohort has two years remaining on their grant; with two administrations per grantee, that is a total of 228 respondents across the two administrations.

**Table 1. Number of grantees to which survey will be distributed by program and tier within OAH grant programs**

OAH Grant Program/Tier	N	Tier Count (n)
Pregnancy Assistance Fund (PAF)	23	
Teen Pregnancy Prevention (TPP) – total number	91	
TPP by FY and tier:		
<b>FY15</b>		
<b>Tier 1A</b> – Capacity Building for Evidence-based Programs; pass-through with sub-awardees; implementation of evidence-based TPP; replication		7
<b>Tier 1B</b> – Implementing Evidence-based Programs to Scale; emphasis on implementation of programs and evaluation, with some sub-awardees; communities with greatest need		47
<b>Tier 2A</b> – Early Innovation (pass through with sub-awardees; programs and evaluation; innovative strategies; early innovation)		2
<b>Tier 2B</b> – Rigorous Evaluation of New Approaches; innovative strategies; implementation of programs and evaluation; rigorous evaluation of new or innovative approaches		21
<b>FY18</b>		
<b>Tier 2 Phase 1</b> – New and Innovative Strategies		14
<b>TOTAL</b>	114	91

**Administration of the Instrument**

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

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