

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0970-0401)**

**TITLE OF INFORMATION COLLECTION:** Adolescent Pregnancy Prevention Training & Technical Assistance 2020 Conference Feedback Surveys

**PURPOSE:** The purpose of the planned activities is to collect grantee input on the 2020 Adolescent Pregnancy Prevention (APP) annual grantee conference and to identify additional resources that grantees need to support their work in the community. All aspects of the conference will be evaluated, including plenary, poster, and concurrent sessions. We will also evaluate the conference overall. We will have three different surveys. The surveys are necessary to capture a range of perspectives and experiences across all conference participants and diverse organizations and geographic regions.

*Overall Conference Survey (Attachment A)*

The Overall Conference survey will capture feedback on the overall conference as well as feedback on the poster session. This survey will be web-based and sent to all conference participants 24 hours after the conference to assess the plenary, workshops, and poster sessions and conference overall. The survey will include multiple choice and open-ended questions and is estimated to take no longer than 10 minutes to complete.

*Session Specific Surveys (Attachments B and C)*

The Session Specific Survey (Attachment B) will capture feedback on each individual concurrent session, and the Opening and Closing Plenary Session Survey (Attachment C) will capture feedback on each plenary session respectively. These sessions will be evaluated immediately following the session and the survey will be available to participants through the conference app and through a web-based link. The surveys will include multiple choice and open-ended questions and are estimated to take no longer than 5 minutes to complete.

The contractor (RTI International) will perform analysis of the responses to inform the development of new content and products for the website, distribution and promotion of the technical assistance resources available to grantees, and future training opportunities.

**DESCRIPTION OF RESPONDENTS:** Respondents will include participants in the 2020 Annual Adolescent Pregnancy Prevention Grantee Conference.

**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: LeBretia White, Program Manager, Adolescent Pregnancy Prevention Program, Family and Youth Services Bureau, Administration for Children and Families

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No **Not applicable**
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No **Not applicable**

**Gifts or Payments:**

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

**BURDEN HOURS**

| Estimated Annual Reporting Burden                 |                             |                        |                      |             |
|---|-----------------------------|------------------------|----------------------|-------------|
| Type of Collection                                | No. of Expected Respondents | Frequency per Response | Hours per Response   | Total Hours |
| Online overall evaluation questionnaire           | 275                         | 1                      | 10 min (0.167 hours) | 46          |
| Opening and closing plenary session questionnaire | 275                         | 2                      | 5 min (0.08 hours)   | 44          |
| Individual session questionnaire (mobile app)     | 275                         | 5                      | 5 min (0.08 hours)   | 110         |
| Total estimated burden hours                      |                             |                        |                      | 200         |

**FEDERAL COST:** The estimated cost to the Federal government is \$ 5,000

| Item/Activity   | Details  | \$ Amount       |
|---|--|-----------------|
| FYSB oversight of contractor and project  | 1% of FTE: GS-13 Program Specialist            | \$1,000         |
| Deployment of survey instrument, reminders to grantees for completion, analysis of results (Contractor) | Labor hours (1.5% of FTE for contractor staff) | \$4,000         |
| <b>Total</b>  |  | <b>\$ 5,000</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?  
[ 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?**

Each participant will register for the Adolescent Pregnancy Prevention Grantee Conference through the conference registration platform. The contractor maintains the registration list. All participants will be invited to sign up for the conference app, which will include the individual session evaluations as well as the overall conference evaluation. In addition, we will send an email to the conference registrants 24 hours after the conference reminding them to complete the overall evaluation. The expected number of respondents was based on the number of attendees who responded to the OMB-approved evaluation forms for the 2019 APP Grantee Conference, which we expect to be similar or the same for the 2020 Conference.

**Administration of the Instrument**

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

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

The survey instruments are attached along with this form as Attachment A, Attachment B, and Attachment C.