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

**TITLE OF INFORMATION COLLECTION:** Maternal, Infant, and Early Childhood Home Visiting (MIECHV) AGM 2019 – Peer Sharing Feedback Survey

## **PURPOSE:**

To collect feedback from grantees who plan to attend the 2019 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) State, Territory, and Tribal All Grantee Meeting organized by the Administration for Children and Families and the Health Resources and Services Administration (HRSA). The meeting agenda includes a Peer Sharing Session. This brief survey will allow grantees to indicate their preferences for the topic and design of the Peer Sharing session (i.e., who do they want to connect with, what topics are most important to them, and what questions do they have of their peers around the topics they find most important). The survey responses will be used to design a session that is most responsive to grantee preferences.

#### **DESCRIPTION OF RESPONDENTS:**

The respondents are MIECHV State, Territory, and Tribal grantee team members who plan to attend the 2019 MIECHV AGM in February 2019. The respondents fill various roles on the grantee teams including program directors, program staff, and evaluators.

TYPE OF COLLECTION: (Check one)	
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group	[x] Customer Satisfaction Survey [] Small Discussion Group [] 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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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: Nicole Denmark

# **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 No	tice (SORN) been p	oublished? [ ] Ye	s []No
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of exparticipants? [ ] Yes [X] No	penses, token of ap	preciation) provic	led to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden Hours
Grantee participants across various roles	350	5	29.2
•			
Totals	350	5	29.2
<ul> <li>provide answers to the following questions:</li> <li>The selection of your targeted respondents</li> <li>1. Do you have a customer list or something similar respondents and do you have a sampling plan for</li> <li>The survey link will be sent by HRSA and ACF to the survey link will be sent by HRSA.</li> </ul>	or selecting from thi	s universe? ] Yes  [ ] No	
email will ask grantee leads to forward the links to the 2019 MIECHV AGM. Approximately 350 gran AGMs. That source is used to estimate the number	those team member tee team members a	s who plan on attented the past t	ending
Administration of the Instrument  1. How will you collect the information? (Check a [X] Web-based or other forms of Social Media [ ] Telephone         [ ] In-person         [ ] Mail         [ ] Other, Explain  2. Will interviewers or facilitators be used? [ ] Year	dia		
Please make sure that all instruments, instructio request.	ns, and scripts are	submitted with	the