

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

**TITLE OF INFORMATION COLLECTION:** Children’s Bureau *Grantee Connection* Survey

**PURPOSE:** Child Welfare Information Gateway (Information Gateway) is a service of the Children’s Bureau (CB), a component within the Administration for Children and Families, and is dedicated to the mission of connecting professionals and concerned citizens to information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families. In addition to these main functions, Information Gateway staff also provide support to CB divisions, including providing information services to support CB grantees and disseminating information and lessons learned based on findings from CB grantees. *The Grantee Connection* is a quarterly online subscription featuring resources, lessons learned, and updates from Children’s Bureau discretionary grantees. We are requesting to conduct this brief and voluntary survey to gather feedback on how Information Gateway can enhance and improve future issues of *The Grantee Connection*.

This is a request for approval by the Office of Management and Budget (OMB), under the Federal Paperwork Reduction Act of 1995, for data collection activities to be authorized under the Administration for Children and Families’ generic OMB clearance # 0970-0401. Information collection activities include delivering voluntary surveys.

**DESCRIPTION OF RESPONDENTS:** Children’s Bureau grantee survey respondents may potentially include State and local governments, the territories, service providers, Indian Tribes and tribal organizations. An estimate of the annual response burden is outlined below.

**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: Matthew McGuire, Child Welfare Program Specialist, ACF Administration on Children, Youth and Families (ACYF)

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
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

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

**BURDEN HOURS**

|  | <b>Number of Respondents</b> | <b>Number of Responses per Respondent</b> | <b>Average Burden Hours per Response</b> | <b>Total Burden Hours</b> |
|--|------------------------------|---|--|---------------------------|
| Children’s Bureau<br><i>Grantee Connection</i><br>Survey | 112                          | 1   | 0.08333                                  | 9.33                      |

**Estimated Total Annual Burden Hours:** 9.33 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$3,392.

**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?  
 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.

Survey respondents will include subscribers to the *Grantee Connection* online newsletter. Currently, there are 1,117 *Grantee Connection* subscribers. It is estimated that this survey will yield a 10 percent response rate based upon our experiences conducting similar methods of data collection for a total of approximately 112 survey respondents.

## **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: Live Chat and Email.
  
2. Will interviewers or facilitators be used? [ ] Yes [X] No

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

**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)

**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.

**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.

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

**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.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **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.

**Participation 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)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

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

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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

**Required Additional Information**

1. Line of Business: (select from lists provided in ROCIS on the edit screen)
2. Subfunction: (select from lists provided in ROCIS on the edit screen)
3. Privacy Act System of Records Notice (SORN): Title: \_\_\_\_\_
4. Federal Register citation information: Volume \_\_\_\_\_ Page No. \_\_\_\_\_
5. Number of respondents for small entities:
6. Percentage of respondents reporting electronically: