# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1559-0041)

TITLE OF INFORMATION COLLECTION: CDFI Fund: Certified CDFI Disability Survey

### **PURPOSE:**

The "Certified CDFI Disability Survey" is an effort by the U.S. Department of the Treasury's Community Development Financial Institutions Fund (CDFI Fund) to gain insight into how Certified Community Development Financial Institutions (CDFIs) support individuals with disabilities and their families.

With the upcoming 25<sup>th</sup> anniversary of the Americans with Disabilities Act (ADA), the CDFI Fund would like to better understand how its programs are being utilized to support this important constituency through a voluntary survey. The results of the survey will be used to educate staff within the CDFI Fund and Treasury about the benefits being realized by disabled Americans.

The survey questions are designed to identify the range of services CDFIs may be offering to the disabled, including financing affordable housing and community facilities, providing financing for assistive technology as an alternative to predatory lending products, and financial education and asset development products and services.

### **DESCRIPTION OF RESPONDENTS:**

Respondents to the survey will be CDFI Fund-Certified Community Development Financial Institutions.

<b>TYPE OF COLLECTION:</b> (Check one)	
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group	<ul><li>[ ] Customer Satisfaction Survey</li><li>[ ] Small Discussion Group</li><li>[X] Other: <u>Industry Trends Survey</u></li></ul>

### **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 <u>not</u> 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:	Brette Fishman	

To assist review, please provide answers to the following question:

<ol> <li>Personally Identifiable Information:</li> <li>Is personally identifiable information (PII) collected</li> <li>If Yes, will any information that is collected be inclearly Privacy Act of 1974? [] Yes [] No</li> <li>If Yes, has an up-to-date System of Records Notice</li> </ol>	uded in records	that are subject to	
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of expen participants? [ ] Yes [X] No	ses, token of ap	preciation) provid	led to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	954	15 minutes	238
Totals	954		238
FEDERAL COST: The estimated annual cost to the F survey subscription to SurveyMonkey.  If you are conducting a focus group, survey, or plan provide answers to the following questions:	J		-
<ul><li>The selection of your targeted respondents</li><li>1. Do you have a customer list or something similar the respondents and do you have a sampling plan for selection.</li></ul>	lecting from thi		
If the answer is yes, please provide a description of bot If the answer is no, please provide a description of how of respondents and how you will select them?	•	1 0 1	
The CDFI Fund will e-mail a link to this voluntary surv currently certified as CDFIs by the CDFI Fund.	vey to the 954 or	ganizations that a	ıre
Administration of the Instrument  1. How will you collect the information? (Check all the [X] Web-based or other forms of Social Media	at apply)		

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

[ ] Telephone [ ] In-person [ ] Mail

[ ] Other, Explain

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 (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: Multiply the Number of Respondents and the Participation Time then 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.