

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

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**TITLE OF INFORMATION COLLECTION:**

Office of Family Assistance (OFA) Temporary Assistance for Needy Families (TANF)  
Technical Assistance Convening Overall Evaluation Assessment

**PURPOSE:**

This form is used as a satisfaction survey for participants in Technical Assistance convenings held for State and Tribal Temporary Assistance for Needy Families (TANF) Directors and their human services partners. These convenings allow TANF program representatives from around the country the opportunity to learn about promising practices and actionable implementation strategies to improve employment outcomes and economic independence for low-income and TANF-eligible families.

The assessment allows the Office of Family Assistance (OFA) to collect participant feedback for each convening. The Overall Evaluation Assessment allows attendees to provide feedback on the convening overall.

Feedback provided on this assessment increases the capacity of OFA to provide responsive technical assistance to stakeholders. Feedback will be used to design future technical assistance activities for TANF stakeholders, ensuring that the technical assistance design and delivery is high-quality and responsive to the needs of attendees.

**DESCRIPTION OF RESPONDENTS:**

- State and Tribal TANF Directors and human services partners.

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

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|--|--|
| <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: \_\_\_\_\_

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, 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 [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal government	400	5 minutes	33.3 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$560.00.

**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 [X] 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?

Individuals completing the assessment cards will be attendees of Technical Assistance Convenings, sponsored by the Office of Family Assistance, for State and Tribal TANF program directors and stakeholders across the country. It is anticipated that at least two individuals from each state and Tribal TANF program will participate in each Convening.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[ ] Telephone  
[X] 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.**

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

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**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.**

**NOTE: The following is included as an Appendix**

- **Appendix: Office of Family Assistance Temporary Assistance for Needy Families (TANF) Technical Assistance Convening Overall Evaluation Assessment**

**Appendix: Office of Family Assistance (OFA) Temporary Assistance for Needy Families (TANF) Technical Assistance Convening Overall Evaluation Assessment**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Thank you for participating in the Office of Family Assistance’s (OFA) Technical Assistance Convening. To help us better serve the field, please take a few moments to share your feedback about the meeting below. Your responses to this assessment will help OFA provide responsive technical assistance to stakeholders. The confidentiality of the information you provide is guaranteed. Answers to the questions below will only be reported after aggregating all responses, and the results will not identify you as an individual.

**For Questions 1-12, please indicate the extent to which you agree or disagree with each statement.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The convening was organized.	1	2	3	4	5	NA
2. The overall logistics of the convening were organized.	1	2	3	4	5	NA
3. The material provided was relevant to my program’s needs.	1	2	3	4	5	NA
4. The content faculty demonstrated expertise in their topic areas.	1	2	3	4	5	NA
5. I am satisfied with the clarity of the information shared.	1	2	3	4	5	NA
6. The content was appropriate.	1	2	3	4	5	NA
7. The convening increased my knowledge.	1	2	3	4	5	NA
8. The convening increased my practical skills.	1	2	3	4	5	NA

9. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
10. The convening was applicable/relevant to my program's needs.	1	2	3	4	5	NA
11. The convening will help me meet my goals and objectives for my program.	1	2	3	4	5	NA
12. I am satisfied with the overall quality of the convening.	1	2	3	4	5	NA

**13. What aspects of the convening were most helpful and why?**

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**14. Describe one or more things you learned or skills you acquired as a result of this convening.**

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**15. Describe how you plan to apply the new knowledge and/or skills you acquired in your program.**

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**16. Describe any challenges you think you may face in implementing your new knowledge and/or skills.**

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<b>Additional Comments/Feedback</b>

***Thank you for taking the time to complete this form. The feedback you have provided will help shape and enhance responsive technical assistance activities.***