

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

TITLE OF INFORMATION COLLECTION: Sexual Risk Avoidance Education (SRAE) Grantee Webinar Satisfaction Survey

PURPOSE: Through this information collection, ACF is gathering information to collect feedback from grantees on training and technical assistance (T&TA) webinars on how the webinar has met their needs, which will inform the development of future webinars. It is critical to obtain an assessment of grantees’ satisfaction with what they have received and to identify any gaps or unmet needs to be addressed in future webinars. The information collected will help ensure that future webinars are effective and efficient and that content is appropriately tailored to grantees’ needs to improve overall satisfaction.

DESCRIPTION OF RESPONDENTS: Respondents are SRAE grantees.

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: Tanya R. Matthews, M.Ed., Management Analyst, Adolescent Pregnancy Prevention Program, Family and Youth Services Bureau, ACF

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

Note: Each respondent is expected to respond to the survey 5 times. Each response is estimated to take about 5 minutes.

Category of Respondent	No. of Respondents	Participation Time	Burden
SRAE Grantees (Private Sector)	200	25 min	83 hours
Totals	200		83

FEDERAL COST: The estimated cost to the Federal government is \$ 5000

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
Total		\$ 5,000

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?

All SRAE grantee contacts attending the webinars are eligible to respond to the survey. This amounts to roughly 200 potential contacts who may attend the webinars.

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 instrument is attached along with this form as Attachment A.