## 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 Needs Assessment

**PURPOSE:** The purpose of the planned activity is to collect feedback from grantees on their needs for training and technical assistance (T&TA), to inform the development of future T&TA. It is critical to obtain an assessment of grantees' needs and to identify any gaps or unmet needs to be addressed in future T&TA. The information collected will help ensure that T&TA are effective and efficient and that content is appropriately tailored to grantees' needs to improve overall performance.

We believe that feedback from grantees is the most expeditious format to capture a range of needs from the diverse grantee organizations. The grantee feedback will be web-based and sent to the grantee points of contact for response. The questions will include mostly multiple choice, with a limited number of open-ended questions. We anticipate that respondents will be able to complete the assessment in 15 minutes.

**DESCRIPTION OF RESPONDENTS**: Respondents are SRAE grantee project directors, authorizing officials, and sub-awardee program providers.

TYPE OF	<b>COLLECTION:</b> (	(Check one)
---------	----------------------	-------------

[ ] Customer Comment Card/Complaint Form	[] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software)	[ ] Small Discussion Group
[ ] Focus Group	[X] Other: Grantee Needs Assessment

## **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: <u>Tanya R. Matthews, M.Ed., Management Analyst, Adolescent Pregnancy Prevention Program, Family and Youth Services Bureau, ACF</u>

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 **Not applicable**

<ol><li>If Yes, has an up-to-date System of Rec Not applicable</li></ol>	cords Notice (SOR	N) been published	l? [ ] Yes [ ] No
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement participants? [ ] Yes [X] No	ent of expenses, to	ken of appreciatio	on) provided to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
SRAE Grantees (Private Sector)	126	.25 hours	31.5 hours
Totals	126		32
<b>FEDERAL COST:</b> The estimated cost to	the Federal govern	nment is <u>\$5,000.00</u>	<u>)</u>
Item/Activity	Details		\$ Amount
FYSB oversight of contractor and	1% of FTE: GS-13 Program		1,000.00
project  Deployment of grantee needs assessment	Specialist Labor hours (1.5% of FTE for		,
instrument, collection of information,	contractor staff)	70 OI I IE 101	4,000.00
analysis of results (Contractor)	,		
Total			\$5,000
The selection of your targeted respondents.  1. Do you have a customer list or something respondents and do you have a sampling.	nts ng similar that def		=
If the answer is yes, please provide a deseption)? If the answer is no, please provide potential group of respondents and how	le a description of	f how you plan to	
All SRAE grantees. This amounts to rough feedback.	ly 126 potential co	ontacts who may co	omplete this
Administration of the Instrument  1. How will you collect the information? (			
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 needs assessment instrument is attached along with this form as Attachment A.