

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

**TITLE OF INFORMATION COLLECTION:** Comment Form: 2018 OPRE Innovative Methods Meeting.

**PURPOSE:** The proposed collection of comments and suggestions from 2018 OPRE Innovative Methods Meeting participants is intended to capture the experience of participants and gauge their level of satisfaction with this two-day annual meeting. This meeting will take place on October 25-26, 2018. Based on their experiences at the 2018 meeting, the form inquires about attendees’ experiences at the meeting, topics of interest for future meetings, as well as the occupational sector and field of expertise among participants. The information collected will be used to plan future meeting topics and agendas.

**DESCRIPTION OF RESPONDENTS:** Participants in the 2018 OPRE Innovative Methods Meeting will include federal staff; scientists; research experts; academics; and federal contractors.

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input 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: Emily Ball Jabbour; Office of Planning, Research, and Evaluation (OPRE); Administration for Children and Families (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
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**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	100	0.083 hours (5 minutes)	8.3
<b>Totals</b>	<b>100</b>	0.083 hours (5 minutes)	<b>8.3 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$100.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**Not applicable.**

**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?

**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

2. Will interviewers or facilitators be used?  Yes  No

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