

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

**TITLE OF INFORMATION COLLECTION:** Office of Family Assistance PeerTA website Evaluation and Satisfaction Survey

**PURPOSE:** Since its inception in 1997, the Office of Family Assistance’s PeerTA (OFA PeerTA) Network Website has facilitated the sharing of information across State and local agencies implementing the Temporary Assistance for Needy Families (TANF) program. OFA PeerTA was designed to help State and local TANF programs communicate about “what works” in supporting welfare populations after the inception of the welfare reform of 1996. The website is designed to operationalize the overall objectives of OFA PeerTA in an online medium. OFA PeerTA is also a central dissemination vehicle for the Office of Family Assistance (OFA) to inform TANF stakeholders of relevant policy, legislation, and program instructions.

The proposed feedback survey would collect information to understand how users are currently engaging the OFA PeerTA website in their work, their satisfaction with current website features, and how the OFA PeerTA Website team can improve user experience on the website. While anyone can access this website, our main target will be the recipients of our OFA PeerTA newsletters and participants to OFA/TANF events. Each respondent will be asked to complete a survey section or task based on a task they performed on the website. These survey sections or tasks include looking for and reading information. Our goal is to enhance our understanding of how well the tools and information provided on [peerta.acf.hhs.gov](http://peerta.acf.hhs.gov) are performing. This continuously running survey will identify content that may be confusing for users, tasks that are difficult for users to complete, and other measures such as overall satisfaction using the website.

Website user participation is voluntary and all answers will be used for internal planning purposes. The data collected and reported will be descriptive in nature and diagnostic for those charged with enhancing the website. The data will not be used to develop or publish formal official statistics.

**DESCRIPTION OF RESPONDENTS:** TANF stakeholders in the field who are users of the OFA PeerTA Website. This may include researchers, policymakers, and practitioners.

**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: James Butler, Office of Family Assistance

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
TANF stakeholders – Website users	500	10 minutes	83.33 hours
<b>Totals</b>	500	10 minutes	83.33 hours

**FEDERAL COST:** The estimated cost to the Federal government is \$2,000. The estimated cost to the government is related to the programming of the survey by an existing contractor, administrative monitoring of the survey results, and reporting results internally to OFA.

**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?

The potential group of respondents will be the recipients of the OFA newsletters and participants to OFA/TANF events who then access the OFA PeerTA website (peerta.acf.hhs.gov).

### 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.**

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

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#### FORM AND INSTRUCTIONS

- **All PPR instruments must display the following required PRA information:**
  - OMB Control Number: 0970-0401  
Expiration date: 05/31/2021
  - The following PRA Burden Statement. The following template can be used. For red text in brackets, choose the best option and delete the other bracketed option(s). Replace highlighted areas with content specific to your collection.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to understand how users are currently engaging the OFA PeerTA website in their work, their satisfaction with current website features, and how we can improve user experience on the website. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information **is voluntary**. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # for this collection is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact **James Butler**.

- **Please note the following:**
  - The PPR should not request sensitive information
  - All grantees must adhere to 45 CFR § 75.303 (e) to take reasonable measures to safeguard protected personally identifiable information of program participants.

- **Submit the data collection form as one individual file and the instruction document as one individual file.**

## **SUBMISSION FORM**

**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 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 responses and the participation time and 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.**