

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

**TITLE OF INFORMATION COLLECTION:** Peer-Based Technical Training and Technical Assistance Feedback Collection Activities

**PURPOSE:** The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF) requests approval to collect feedback from participants in Temporary Assistance for Needy Families (TANF) training and technical assistance (TTA) activities offered by the Peer Technical Assistance Network (PeerTA). TTA offerings include customized group workshops and instructor-led trainings, communities of learning, peer-to-peer roundtables and site exchanges, and webinars. PeerTA TTA strategies are evidence-informed, cover diverse topic areas that are aligned with OFA priorities, and designed to improve program service delivery to promote greater economic and family wellbeing outcomes for TANF families.

Under this information request, OFA is seeking feedback from PeerTA participants to help ensure the design and delivery of technical assistance activities are high-quality and responsive to the needs of participants and the broader field. Information collected will also ascertain the effectiveness of PeerTA TTA provision as well as help inform future PeerTA TTA interventions for TANF stakeholders.

For each PeerTA TTA event, all participants will provide feedback on the following two dimensions of TTA performance<sup>1</sup>:

- **Response:** *Were participants satisfied with the TTA intervention?* This will be measured by participants’ perceived enjoyment, usefulness, difficulty of the training immediately following its delivery.
- **Learning:** *What did participants learn from the TTA intervention?* This will be measured by participants’ increased knowledge and skills and perceived comfort in applying new knowledge and skills acquired from the training following its delivery.

For intensive PeerTA TTA interventions that involve multiple events, participants will provide information on an additional dimension of TTA performance:

- **Results:** *How do participants apply what they learned from the TTA intervention?* This will be measured by participants’ reported application of knowledge or skills six months and twelve months following the training.

Participation in the survey is voluntary and all answers will be used for internal planning purposes.

**DESCRIPTION OF RESPONDENTS:** Human services program administrators and practitioners who participated in PeerTA TTA interventions. Individuals may include staff from county, state, territory, and tribal Temporary Assistance for Needy Families (TANF) programs and their partners.

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<sup>1</sup> Dimensions are based on the measurement framework described in Chandler, Jesse. “Considerations for Measuring T/TA Performance.” Mathematica, 2013. Prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group
- Customer Satisfaction Survey
- Small Discussion Group
- 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  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**

Instrument	Category of Respondent	No. of Respondents	No. of Responses	Participation Time	Burden
All TTA Events - Participant Survey	State, local, or tribal governments	250	1	.0833 hours	21
Intensive TTA Events Participant Survey	State, local, or tribal governments	50	2	.0833 hours	8
Totals		300			29

**FEDERAL COST:** The estimated annual cost to the Federal government is \$12,100. This estimate includes FTE time and operational support for survey instrument development, outreach and administration of the survey, and analysis activities to conduct three surveys: 1) survey to

participants immediately following the training; 2) survey to participants six months following training completion; and 3) survey to participants 12 months following training completion.

**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 universe of potential respondents consists of staff and partners of county, state, territory, and tribal TANF programs that participate in TANF training and technical assistance sponsored by OFA. Individuals provide their emails to OFA's TA providers as part of their participation, which will be used to send the surveys.

**Administration of the Instrument**

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

# 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...]/[The purpose of this information collection is to...]. Public reporting burden for this collection of information is estimated to average XX hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (cite authority). 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...

- **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.**