

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

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**TITLE OF INFORMATION COLLECTION:** Grant Review Panel Chair Development Training

**PURPOSE:** This meeting will help prepare experienced grant reviewers to assume responsibilities as panel chairs during the review process. This tool is used to gather feedback on the extent to which the meeting provided helpful information and training for participants in preparation for their role as grant review panel chairs.

**DESCRIPTION OF RESPONDENTS:** Attendees will be experienced grant reviewers who will be developing their skills as potential panel chairs for the review process.

**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 focus area or may have experience with the focus area in the future.

Name: Christopher Holloway, RHY Program Manager, Family and Youth Services Bureau, Administration for Children and Families

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 Hours
Individuals	30	5 minutes	3 hours
<b>Totals</b>	<b>30</b>	<b>5 minutes</b>	<b>3 hours</b>

**FEDERAL COST:** The estimated cost is \$130 contractor burden for development, data collection and analysis.

**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?  
 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?

Paper evaluation forms will be distributed to meeting attendees. Participants will self-select whether to complete the anonymous voluntary survey.

### **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 (email)
2. Will interviewers or facilitators be used?  Yes  No N/A

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