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

**TITLE OF INFORMATION COLLECTION:** Family and Youth Services Bureau (FYSB) Grantee COVID Survey

**PURPOSE:**

The purpose of the ACF Family and Youth Services Bureau (FYSB) Grantee COVID survey is to collect feedback from grantees on their needs for training and technical assistance (T&TA) and program guidance due to the impacts of the COVID pandemic. It is critical to obtain an assessment of grantees’ needs and to identify any gaps or unmet needs to ensure that programmatic guidance and T &TA are appropriately tailored to grantees’ needs to support overall program delivery and 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 include ACF’s Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) grantees.

**TYPE OF COLLECTION:** (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 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: \_Calonie Gray, HHS/ACF/ Office of Planning, Research, and Evaluation

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** |
| SRAE and PREP private sector grantees | 148 | .25 hours | 37 |
| SRAE and PREP state and local government grantees | 136 | .25 hours | 34 |
| **Totals** | **284** |  | **71** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $80,000.

**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?

*FYSB has a list of all current SRAE and PREP grantees who are expected to serve youth over the next year, which will define the universe of respondents. We will administer the survey to all grantees on the list.*

**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

1. Will interviewers or facilitators be used? [ ] Yes [ X ] No

*We will email user-specific links to the web-based survey to the SRAE and PREP grantees. Respondents will be sent an advance email describing the effort prior to the beginning of data collection, and will be sent reminder emails as needed.*

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