

**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:** Feedback related to PDG B-5 TA Center Annual All-Grantee Convening

**PURPOSE:** The purpose of this data collection is to gather voluntary feedback from individuals who attend the Preschool Development Grant Birth through Five (PDG B-5) TA Center Annual All-Grantee Convening. Two surveys are proposed: one to gather feedback on the convening in general and one to gather feedback on individual sessions. The PDG B-5 TA Center will use the information to assess and improve the Annual All-Grantee Convening and ensure that the Center is addressing the needs of states and territories, especially those with PDG B-5 grants.

**DESCRIPTION OF RESPONDENTS:** The respondents are staff from any state or territories and staff of their partner organizations who attend the Annual All-Grantee Convening.

**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: Paula Bendl Smith, Contracting Officers Representative, PDG B-5, Office of Child Care, 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

| Survey                      | Category of Respondent              | No. of Respondents | Participation Time | Burden (Hours)     |
|-----------------------------|-------------------------------------|--------------------|--------------------|--------------------|
| General Feedback            | Private Sector                      | 25                 | 5 minutes          | 2.08               |
|                             | State, local, or tribal governments | 125                | 5 minutes          | 10.42              |
| Individual Session Feedback | Private Sector                      | 100                | 1 minute           | 1.67               |
|                             | State, local, or tribal governments | 500                | 1 minute           | 8.33               |
|                             | <b>Totals</b>                       | <b>750</b>         |                    | <b>22.50 hours</b> |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$8,597.00

**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?

Respondents will be individuals that attend the Annual All-Grantee Convening. The capacity of the meeting is 300 people. We estimate that 50 percent will return their 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
2. Will interviewers or facilitators be used?  Yes  No

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

Please see two attached documents: Survey Questions and Survey Instructions