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

**TITLE OF INFORMATION COLLECTION:** Tribal Home Visiting Evaluation Institute (TEI) Technical Assistance (TA) Satisfaction Survey

**PURPOSE:**

To collect feedback from Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) grantees who received technical assistance (TA) related to performance measurement, evaluation, continuous quality improvement (CQI), data systems, and dissemination through the Tribal Home Visiting Evaluation Institute 3 (TEI 3) contract. The TEI 3 project provides support and technical assistance (TA) to Tribal MIECHV grantees around planning and implementing evaluations, collecting and reporting performance measurement data, and conducting CQI projects. Feedback will be elicited from grantees to improve and tailor future TA provision.

**DESCRIPTION OF RESPONDENTS**:

The respondents are members of Tribal MIECHV grantee teams who have received TA from TEI 3. The respondents fill various roles on the Tribal MIECHV teams including program directors, program coordinators, evaluators, and data analysts.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus 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: Nicole Denmark, Senior Social Science Research Analyst

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 (minutes)** | **Burden**  **Hours** |
| Tribal MIECHV grantee teams (1 respondent per team) | 23 | 20 | 8 |
| **Totals** | **23** | **20** | **8** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $4,200

**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 23 respondents are the total number of Tribal MIECHV grantee teams who have received technical assistance from TEI 3. Grantee teams will be asked to have one team member complete the survey. The survey was piloted with one grantee team to solicit feedback on clarity and breadth of content.

**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

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