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

TITLE OF INFORMATION COLLECTION: Sexual Risk Avoidance Education (SRAE) Grantee Feedback Survey

PURPOSE: The purpose of the planned activity is to collect feedback from grantees on their needs for training and technical assistance (T&TA), to inform the development of future T&TA. It is critical to obtain an assessment of grantees' needs and identify any gaps or unmet needs to be addressed in future T&TA. The information collected will help ensure that T&TA are effective and efficient and that content is appropriately tailored to grantees' needs to improve overall 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 are SRAE grantee project directors, authorizing officials, and sub-recipient program providers.

TYPE C	F COLLE	ECTION: (C	Check one)	
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[] Customer Comment Card/Complaint Form	[] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software)	[] Small Discussion Group
[] Focus Group	[X] Other: Grantee Feedback Survey

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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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.

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To assist review, please provide answers to the following questions:

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 **Not applicable**

Not applicable					
Gifts or Payments: Is an incentive (e.g., money or reinparticipants? [] Yes [X] No	imbursemer	nt of expenses, to	ken of appreciatio	n) provided to	
BURDEN HOURS					
Category of Respondent		No. of Respondents	Participation Time	Burden	
SRAE Grantees (Private Sector)	SRAE Grantees (Private Sector)			43.5 hours	7
Totals		174 174	.25 hours	43.5 hours	7
FEDERAL COST: The estimate	ed cost to th		nment is <u>\$5,000.0</u>	_	
Item/Activity		Details		\$ Amount	
FYSB oversight of contractor and project	1% of FTE: GS-13 Program Specialist			\$1.00	00.00
Deployment of grantee feedback survey instrument, reminder to grantees for completion, collection of information, analysis of results (Contractor)	Labor hours (1.5% of FTE for contractor staff)			\$4,000.00	
Total					00.00
If you are conducting a focus graph provide answers to the following. The selection of your targeted range 1. Do you have a customer list of respondents and do you have	g questions respondents or something	s: s g similar that defi	ines the universe o	of potential	
If the answer is yes, please prov plan)? If the answer is no, plea potential group of respondents	ase provide	a description of	f how you plan to		
All SRAE grantees. This amounts feedback.	s to roughly	174 potential co	ntacts who may co	omplete this	
Administration of the Instrume 1. How will you collect the information [X] Web-based [] Telephone [] In-person		Check all that app	ly)		

3. If yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

[] 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.

The feedback survey instrument is attached to this form as Attachment A.