

**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 OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Grantee Feedback Survey</u> |

**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.

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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  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**

3. If yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No  
**Not applicable**

**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
SRAE Grantees (Private Sector)	174	.25 hours	43.5 hours
<b>Totals</b>	<b>174</b>		<b>43.5 hours</b>

**FEDERAL COST:** The estimated cost to the Federal Government is \$5,000.00

Item/Activity	Details	\$ Amount
FYSB oversight of contractor and project	1% of FTE: GS-13 Program Specialist	\$1,000.00
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
<b>Total</b>		<b>\$5,000.00</b>

**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?**

All SRAE grantees. This amounts to roughly 174 potential contacts who may complete this feedback.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based  
 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.**

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