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

**TITLE OF INFORMATION COLLECTION:** Low Income Home Energy Assistance Program (LIHEAP) 2021 Annual Grantee Virtual Training Conference Feedback Form

**PURPOSE:** The Low Income Home Energy Assistance Program (LIHEAP) Annual Grantee Training Conference provides LIHEAP State, Territory and Tribal grantees an opportunity to share and gather information on topics such as program management, performance measurement and program integrity efforts. This feedback form will provide the Office of Community Services valuable information about the 2021 conference, which will be used for planning of future conferences and training meetings.

**DESCRIPTION OF RESPONDENTS**: Virtual conference attendees and speakers representing directly-funded ACF LIHEAP grantees in 50 States, Washington D.C., 5 U.S. Territories, and 150 Native American Tribal governments and tribal organizations.

**TYPE OF COLLECTION:**

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

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

[ ] Focus Group X Other: **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 not raise issues of concern to other federal agencies.
4. The primary purpose of the results is not for public dissemination.
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 and affiliation: Akm Rahman, Program Operations Branch, Division of Energy Assistance, ACF Office of Community Services

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
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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response (respondent)** | **Burden Hours** |
| Evaluation Form | Staff representing LIHEAP Grantees and other participants | 382 | 1 | .25 | 95.5 |
|  |  |  |  |  |  |
| **Totals** | | **382** | 1 | .25 | **96** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$140**.

**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 universe of potential respondents includes all participants at the LIHEAP 2021 Annual Grantee Virtual Training Conference. We will distribute the feedback form to the full list of attendees.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

**X**  Web-based or other forms of Social Media (conference website)

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other

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

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