

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

---

**TITLE OF INFORMATION COLLECTION:** Community of Practice (CoP) 2021 Virtual Annual Meeting CCDBG Implementation Research and Evaluation Grantee Meeting Evaluation Form

**PURPOSE:** ACF will host a two-part Community of Practice (CoP) virtual annual meeting for Annual Meeting Child Care and Development Block Grant (CCDBG) Implementation Research and Evaluation Grantees. The purpose of this voluntary customer satisfaction survey information collection is to solicit timely feedback from participants at the end of each virtual annual meeting session. This feedback will help the government understand the stakeholders’ experiences and preferences and will be used to improve service delivery (i.e., the content and organization of future CoP meetings, ensuring they are useful supports for grantees as they proceed with their cooperative agreements to carry out their research and evaluation plans).

**DESCRIPTION OF RESPONDENTS:** Respondents will be representatives from the six states and tribes with CCDBG Implementation Research and Evaluation Grants who are attending the CoP virtual annual meeting. Stakeholder respondents will include state and tribal government agency staff and their public university and private sector external research partners.

**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: Meryl Barofsky, Senior Social Science Research Analyst, Division of Child and Family Development (DCFD), Office of Planning, Research, and Evaluation (OPRE) and Alysia Blandon, Senior Social Science Research Analyst, DCFD/OPRE

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**

Each evaluation survey is expected to take 4 minutes. Burden is estimated for attendance at both parts of the Annual Meeting, for a total of 8 minutes per respondent.

Category of Respondent	No. of Respondents	Participation Time	Burden
3 - State/Territory CCDBG Implementation Research Grantee Project Team Members (State, local, or tribal government)	12	8 minutes	1.6 hours
2 - State/Territory CCDBG Implementation Research Grantee Project Team Members (Private sector)	12	8 minutes	1.6 hours
<b>Totals</b>	<b>24</b>	<b>8 minutes</b>	<b>3.2 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,500

**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?

The universe of potential respondents is the list of state/territory project team members attending the meeting. We will survey the full universe so do not have a sampling plan.

**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.**