

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

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**TITLE OF INFORMATION COLLECTION:** Office of Refugee Resettlement Annual Relationship Survey to Collect Grantee Experience Feedback

**PURPOSE:** The purpose of this survey is to capture grantee experience feedback to identify successes and help improve operational service delivery.

This relationship survey measures four domains, which were synthesized from [OMB’s Seven Domains of Government CX](#) and includes those identified by grantees, the Office of Refugee Resettlement (ORR), and the Office of Grants Management as most critical to measuring grantee experience. The sections of the survey align to each of the following domains:

1. **Satisfaction:** This domain captures overall satisfaction with the ORR grant program
2. **Trust:** This domain gauges overall trust in ACF as a governing body and grant administrator.
3. **Service:** This domain measures ability to successfully manage and execute requirements of the ORR grant.
4. **Helpfulness:** This domain captures the overall support provided by ACF in the execution and management of the ACF-ORR grant.

The survey will help ORR gather information on grantee experiences, track impact, and make advances towards grantee experience improvement. This survey also includes a brief section to capture information about the grantee organization’s award from ACF-ORR, titled “General Demographics”.

**DESCRIPTION OF RESPONDENTS:**

The respondents of this survey will be all awardees of ACF discretionary grants from the ORR Division of Refugee Health (DRH) and Division of Refugee Services (DRS).

**TYPE OF COLLECTION:**

- |   |  |
|---|--|
| <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 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: Anastasia Brown, Division Director – Division of Refugee Services-Office of Refugee Resettlement.

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**

The survey will be administered annually. Annual burden estimates are provided in the table below.

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>Annual No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Annual Burden Hours</b>
ACF-ORR Relationship Survey	ACF Grant Awardees	200	1	10 Minutes	33
<b>Totals</b>		<b>200</b>	<b>1</b>	<b>10 Minutes</b>	<b>33</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is no more than \$400.00. This is based on the approximately 8 hours total spent in the review and data analysis for these surveys by GS-13s.

**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 respondents will be made up from current or past awardees of ORR discretionary grants. All grantees will receive the survey. This relationship survey will be deployed on an annual basis at the end of each fiscal year.

**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.**

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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### **Information collections approved under this Generic must display the required Paperwork Reduction Act information, which includes the following:**

1. On the upper right of the first page: OMB Control Number: 0970-0401, Expiration Date: June 30/2024.
2. At the bottom of the first page, include the following language. For red text in brackets, choose the best option and delete the other bracketed option(s). Replace highlighted areas with content specific to your collection.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: [Through this information collection, ACF is gathering information to...]/[The purpose of this information collection is to....] Public reporting burden for this collection of information is estimated to average XX [hours]/[minutes] per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact...

### **Submit all instruments, instructions, and scripts with the request. Each instrument should be an individual file and should be titled to match the title in the burden table.**

### **The following provides information to fill out the form categories in this document.**

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check the appropriate box(es) for the proposed information collection.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. On the Name line, include the name, program office, and role of the **federal** point of contact.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Information Collection:** Provide the title of the information collection(s) (ex. Grantee meeting feedback form). Please make the title in the burden table and the title of the corresponding file match.

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**No. of Responses per Respondent:** Provide the number of times each respondent will respond to an information collection. This is usually just once for requests under this generic, but there may be instances where a collection requires more than one response per respondent.

**Estimated Time per Response:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group). This can be in minutes or hours.

**Burden:** Multiply: (No. of Respondents) x (No. of Responses per Respondent) x (Estimated Time per Response). If you provided an estimated time per response in minutes, divide the total product by 60 to provide a burden estimate in hours.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government. This should include only costs *directly* related to this specific data collection.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide a brief description of the sampling plan within this document or if the plan is more complex, you can include a description in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.