

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback”  
(OMB Control Number: 0970-0401 Expiration 06/30/2024)**

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**TITLE OF INFORMATION COLLECTION:** Feedback for the Planning the Family Violence Prevention and Services Act (FVPSA) Formula Grantee Meeting Planning

**PURPOSE:** The purpose of this request is to conduct calls with a sampling of States, Coalitions, and Tribal Family Violence Prevention and Services Act (FVPSA) Formula grantees to gather feedback to inform planning for the annual grantee meeting, to ensure the topics meet grantee needs.

Information will be collected through discussions, and recorded with respondent’s approval.

**DESCRIPTION OF RESPONDENTS:** Formula grantees including FVPSA State Administrators, primarily executive level staff at state domestic violence coalitions, and programs administrators at tribal domestic violence programs.

**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 checked="" 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: Brian Pinero, Family Violence Program Specialist, Division of Family Violence Prevention & Services, ACF Family & Youth Services Bureau

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 [x] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
(3) State, local, or tribal governments	100	30 minutes	50 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 250.00

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:** N/A

**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?

ACF includes 10 regions and FVPSA regions are broken out by 21 program officers. These 21 program officers conduct regular regional calls. During a regional call, the program officer will request feedback from attendees. We estimate that 100 representatives from the FVPSA grantees will participate.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ X ] Web-based or other forms of Social Media  
[ x ] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other, Explain: Paper survey of the exact questions being used on the web-based platform for the meeting.
2. Will interviewers or facilitators be used? [ x ] Yes [ ] No

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