

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

**TITLE OF INFORMATION COLLECTION:** Personal Responsibility Education Program (PREP) Grantee Training and Technical Assistance Feedback

**PURPOSE:**

The purpose of the planned activity is to collect feedback from grantees to:

- assess their satisfaction with the training and technical assistance that has been provided to date, and
- identify ongoing needs that remain.

The feedback we receive from grantees will provide essential information that is critical for improving future trainings, technical assistance, and other resources, and planning the type and topics for upcoming training sessions and materials that we will offer to the grantees. The information collected will help ensure that future T&TA is effective and efficient and new content and resources are appropriately tailored to address the grantees’ needs and improve overall satisfaction.

This survey provides an expeditious format to capture a range of needs of the diverse organizations that have received PREP funding, while minimizing burden to the respondents. The survey will be web-based (developed in Survey Gizmo) and sent to the grantee points of contact for each grantee to respond. The survey includes mostly Likert scale questions, with a limited number of open-ended options for additional detail. We anticipate the survey will take 15 minutes or less to complete.

**DESCRIPTION OF RESPONDENTS:** Respondents are State PREP, Competitive PREP, Tribal PREP, and PREP Innovative Strategies (PREIS) grantees of the Adolescent Pregnancy Prevention program.

**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: LeBretia White, Program Manager, Family and 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 **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	Type of Collection	Expected No. of Respondents	No. of Responses	Hours per Response	Total Hours
PREP Grantees (Private Sector)	Online survey	88	1	15 min (0.25 hours)	22

**FEDERAL COST:** The estimated cost to the Federal government is \$5,000\_\_\_\_\_

Item/Activity	Details	\$ Amount
FYSB oversight of contractor and project	1% of FTE: GS-13 Program Specialist	\$1,000
Deployment of survey instrument, reminders to grantees for completion, analysis of results (Contractor)	Labor hours (1.5% of FTE for contractor staff)	\$4,000
<b>Total</b>		<b>\$ 5,000</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 PREP grantee contacts are eligible to respond to the survey. This amounts to approximately 98 contacts. Based on a previous similar feedback surveys, we anticipate approximately 90% of contacts to respond (88 respondents).

### **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 survey instrument is attached along with this form as Appendix A.  
The e-blast and reminder e-blast announcements are in Attachment B.