

Strengthening Child Welfare Systems Survey Invitation and Follow-up

Initial Survey Invitation

Subject: Strengthening Child Welfare Systems Grant Survey

OMB Control # 0970 – xxxx and Expiration Date: xx/xx/xxxx

Dear **[Insert respondent name]**,

We are writing regarding the **[grant project name]** project's Strengthening Child Welfare Systems grant. The survey is being conducted by James Bell Associates, the evaluation technical assistance provider, for the Technical Assistance on Discretionary Grant Programs contract funded by the Children's Bureau.

We received your contact information from **[grant project director name]** as someone who has knowledge and experience with the implementation and/or evaluation of grant strategies and interventions and who may be interested and available to participate in a virtual focus group.

The evaluation and data collection activities are a component of the grant, and the focus is to (1) understand the implementation processes of grant interventions and (2) examine whether and the degree to which grant recipients were able to address common Child and Family Services Reviews (CFSR) outcomes.

We know that you are very busy. The survey should take an average of 30 minutes to complete. Your participation is voluntary. Information will be kept private.

If you are willing to participate, please complete the survey by **[insert date]**. Click here **[enter link]** to complete the survey.

We appreciate your time and consideration. If you have questions about the survey, please contact either of the following: Nicole Miller, Senior Research Associate at James Bell Associates, mmiller@jbassoc.com or Julie Murphy, Senior Research Associate at James Bell Associates, murphy@jbassoc.com

Thank you!

The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to help us understand the implementation and outcomes for the Strengthening Child Welfare Systems grant cluster. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for the described collection are OMB #: xxxx-xxxx, Exp: xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Nicole Miller at mmiller@jbassoc.com or Julie Murphy at murphy@jbassoc.com.

Survey Follow-up Email

Subject: SCWS Survey Follow-Up

OMB Control # 0970 – xxxx and Expiration Date: xx/xx/xxxx

Dear **[insert name]**:

We recently invited you to participate in a survey regarding the **[grant project name]** Strengthening Child Welfare Systems grant. The survey will help us understand the factors associated with the implementation of the project and its impact on child and family outcomes. We know you are busy but would appreciate it if you could take the time to complete the survey.

Click here **[insert link]** to complete the survey by **[insert date]**.

If you would prefer not to participate in the survey, please let me know at **[insert email]**.

Thank you in advance for your time.

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