**Strengthening Child Welfare Systems Focus Group Invitation**

**Subject:** Strengthening Child Welfare Systems Focus Group

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

Dear [Grant Recipient Contacts – Project Director/Manager, evaluator, program staff]:

We are writing regarding the [grant project name] and the evaluation being conducted for the project’s Strengthening Child Welfare Systems grant. 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 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.

The following are some dates and times available for the interview. Please let us know which of the following dates/times you are available. We will then confirm the interview with each participant and provide a copy of the questions so that you can be prepared to answer the questions.

[enter dates/times]

Please let us know if you have any questions.

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 90 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](mailto:mmiller@jbassoc.com) or Julie Murphy at [murphy@jbassoc.com](mailto:murphy@jbassoc.com).