

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

TITLE OF INFORMATION COLLECTION: CRS Small Group Training of Facilitators Program Evaluation Survey

PURPOSE:

The purpose of this collection of information is to gather feedback and measure participant reactions to this Community Relations Service program from participants who attended. The information gathered may be used to make changes to the program, if needed.

DESCRIPTION OF RESPONDENTS:

The respondents for this Community Relations Service program survey will be participants who attended the program. The participants can be faith-based leaders, law enforcement, facilitators, school administrators, community leaders, and representatives of advocacy organizations.

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: Christopher Chalberg, Program Manager

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 No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	40	5 minutes	3.3 hours
State, local, or tribal governments	40	5 minutes	3.3 hours
Federal government	40	5 minutes	3.3 hours
Totals	120	5 minutes	9.9 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$463.30 at most.

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?

An evaluation is provided to each participant who attends the Small Group Training of Facilitators program. These programs may be open to the public or target-specific community groups.

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
The facilitator will collect the evaluations at the end of each in-person program.

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”

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 one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

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:

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.

Participation Time: Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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 the sampling plan 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.

Submit all instruments, instructions, and scripts are submitted with the request.



Program Name:	CRS Staff:
Date:	Location:
Your Organization:	

Thank you for facilitating the small group sessions. We greatly appreciate your support and feedback, and we will use your responses to help improve the program.

Please rate how strongly you agree or disagree with each of the following statements by circling the corresponding number.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The facilitator training program provided me with the skills to successfully facilitate the small group breakout sessions.	1	2	3	4	5
2. I had all the necessary facilitation tools to successfully facilitate the small group breakout sessions.	1	2	3	4	5
3. My role and responsibilities as a small group facilitator were clear.	1	2	3	4	5
4. I received the necessary support from CRS during the program to successfully facilitate the small group breakout sessions.	1	2	3	4	5

For the following questions, please write your comments in print and as legibly as possible.

5. What was the most important takeaway from the facilitator training program?

6. What suggestions do you have to improve the facilitator training program? Please be specific.

7. Do you have additional comments you would like to share?

Thank you for your feedback!