**National Center on Substance Abuse and Child Welfare Convening Attendee Recommendation Information Collection**

* First and last name of respondent
* Email address of respondent
* Title of respondent
* Organization of respondent
* State/district of respondent
* Agency type (e.g., state agency) of respondent
* First and last name of proposed convening attendee
* Email address of proposed convening attendee
* Short bio of proposed convening attendee
* Organization of proposed convening attendee
* State/district of proposed convening attendee
* Agency type (e.g., state agency) of proposed convening attendee
* Please enter the field or specialty of the proposed attendee.
* Please select the option that is most applicable to the proposed convening attendee (e.g., parent in recovery and had their children removed due to parental substance use).
* Please enter any notes, comments, or additional information about the proposed convening attendee.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather recommendations from participants on individuals to attend a planned specific topical convening. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Surina Amin at [surina.amin@acf.hhs.gov](mailto:surina.amin@acf.hhs.gov).