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

**TITLE OF INFORMATION COLLECTION:** Division of Community Discretionary and Demonstration Program Grant Recipient Discussion Groups

**PURPOSE:** The purpose of the discussion groups is to gather feedback from current Division of Community Discretionary and Demonstration Program (DCDDP) grant recipients regarding their experiences managing DCDDP projects and how training and technical assistance supports their efforts. The information will be used by the ACF Office of Community Services to improve training, technical assistance, and the development of resources to support grant recipients. The federal team will use this feedback to better support grant recipient project implementation and performance.

**DESCRIPTION OF RES.PONDENTS**: Participants will be current grant recipients of the DCDDP programs.

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [**X**] Small Discussion Group

[ ] Focus Group [ ] 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 primary purpose of the results is not for public dissemination.
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 and affiliation: Thom Campbell, Program Manager, Division of Community Discretionary and Demonstration Programs, Office of Community Services, Administration for Children and Families

To assist review, please provide answers to the following questions:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [**X**] 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 **[NA]**
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**[NA]**

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [**X**] No

**BURDEN HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response** | **Burden Hours** |
| Small Group Discussion | Private Sector (representatives from grant recipient organizations) | 100 | 1 | 60 minutes | 100 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is $3,813.

**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? [**X**] 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?

OCS has a list of all active DCDDP grant recipients and will invite all grant recipients from the list that are of a specific project type of interest, and those that are interested will participate in the discussion groups. Examples of project types of interest may include construction projects, loan projects, projects in a particular region, projects serving energy communities, etc.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[**X**] Telephone

[ ] In-person

[ ] Mail

[**X**] Other, Explain – Video call (i.e., Teams, Zoom, etc.)

1. Will interviewers or facilitators be used? [**X**] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**