

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:**

Research and Evaluation Support for Office of Population Affairs: Group TA

**PURPOSE:**

The Office of Population Affairs (OPA) at the U.S. Department of Health and Human Services (HHS) requests permission to contact Teen Pregnancy Prevention (TPP) grantee organizations for the purpose of gathering feedback on the provision of group-based evaluation technical assistance (for instance, webinars or conference presentations). The contractor will collect information from TPP program and evaluation leads to assess the quality of the content and delivery of technical assistance and suggestions for future technical assistance.

**DESCRIPTION OF RESPONDENTS:**

The contractor will contact TPP grantee program directors and evaluation leads who work on their cooperative agreements. The universe of organizations to be contacted includes Fiscal Year 2023 TPP grantees.

**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:     Alexandra Osberg    

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

**ANNUAL BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Total Burden
Private Sector - Web survey	225	10 minutes	37.5 hours
<b>Totals</b>	<b>225</b>		<b>37.5 hours</b>

**FEDERAL COST:** The estimated total cost to the Federal government is \$8,479. The estimated annual cost to the Federal government is \$1,696.

For cost calculations, we estimate 2.5 hours of time for a GS-14. These hours account for OPA to review customer feedback. For the contractor, we estimate 21 hours of an intermediate staff member’s time to program the surveys and tabulate the results and 2.5 hours of senior staff time to review the results.

**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?

All FY 2023 TPP grantees that interact with the evaluation technical assistance contract via group TA (estimating 75 grantees) could receive surveys, with each grantee receiving surveys for the activities relevant for their funding stream. Two individuals, the project director and lead evaluator, for each grantee would receive each survey referenced below.

**Periodic TA surveys.** There is a survey that would be administered after each group TA activity, such as a webinar or conference presentation. Each survey would be administered to two respondents for each grantee (the project director and lead evaluator) after each activity. The surveys are estimated to take 10 minutes. Annually, we estimate three activities per grantee. Based on prior experience, we expect an approximately 50 percent response rate. Therefore, the annual burden would be  $((75*3*2)/2)*.166 = 37.5$  hours. We would request three years’ worth of burden for these activities for a total of 112 hours.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media – web-based survey
  - Telephone
  - In-person
  - Mail
  - Other, Explain
2. Will interviewers or **facilitators** be used?  Yes  No

**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”**

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**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 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 responses and the participation time and 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.