# Request for Approval under the “Administration for Children and Families Generic for Information Collections Related to Gatherings”

## (OMB Control Number: 0970-0617)

**TITLE OF INFORMATION COLLECTION:** Promoting Research on Subsidy Payment Rates (PROSPR) 2024 Annual Meeting Registration Form

**PURPOSE:** The Office of Planning, Research, and Evaluation (OPRE) plans to host the PROSPR Grantee Annual Meeting in June 2024.The purpose of this voluntary data collection is to obtain information about potential attendees at an annual meeting of grantees funded through OPRE’s PROSPR grant program. This information will help OPRE understand who plans to attend the annual meeting, which will inform the meeting agenda.

**DESCRIPTION OF RESPONDENTS**: Respondents will be representatives from the Child Care and Development Fund (CCDF) lead agencies in states, territories, and tribes and the research organizations that have been awarded OPRE grants under the PROSPR grant program to conduct child care policy research.

**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 information collected is not intended to be disseminated to the public[[1]](#footnote-2).
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name and affiliation:\_ Ann Rivera, Senior Social Science Research Analyst; Office of Planning, Research, and Evaluation

To assist review, please provide the following information:

**BURDEN HOURS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument Title** | **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Online registration form | (2) Private Sector - Researchers participating in the PROSPR Community of Practice | 46 | 5 minutes | 3.8 hours |
| Online registration form | (3) State, Local, or Tribal Government - CCDF Lead Agency staff participating in the PROSPR Community of Practice | 15 | 5 minutes | 1.25 hours |
| **Totals** |  | 61 | 5 minutes | 5.08 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$205\_\_\_

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

1. The information collected through this request is primarily for internal review and will not be published. However, for certain activities information submitted by accepted participants, such as research abstracts to be presented in a poster session, may be published on an ACF website or included in a printed or online program for the activity or subsequent publication describing the activity. [↑](#footnote-ref-2)