

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

**TITLE OF INFORMATION COLLECTION:** Personal Responsibility Education Program (PREP) Grantee Topical Training Feedback Survey

**PURPOSE AND USE:** The Family and Youth Services Bureau’s (FYSB) Personal Responsibility Education Program (PREP) grantees (State PREP, Tribal PREP, Competitive PREP, PREIS) are required to participate in a topical training to build their skills and capacity to deliver PREP programming to youth. The purpose of the proposed survey is to collect grantee feedback on this PREP virtual topical training which will be conducted in August/September 2024. The survey is necessary to capture perspectives and experiences with the training. The information collected will enable us to improve the quality of trainings and will inform the development of future training and technical assistance opportunities, including topical trainings.

*PREP Grantee Topical Training Satisfaction Survey (Attachment A)*

The topical training survey will be administered virtually (web-based survey). Participants will receive a weblink at the end of the training and will have an opportunity to complete it up to one week after the training concludes. The survey includes multiple choice and open-ended questions and is estimated to take an average of 7 minutes to complete.

The contractor (RTI International) will perform analysis of the responses.

**DESCRIPTION OF RESPONDENTS:** Respondents are all PREP (State PREP, Tribal PREP, Competitive PREP, and PREIS).

**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 and affiliation: Resa Matthew, Director, Division of Data, Performance, and Policy

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

**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 **Not applicable**
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No **Not applicable**

**Tokens of Appreciation or Honoraria:**

Will a token of appreciation or honoraria be 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
PREP Grantee Topical Training Survey	Grantee (Private Sector)	100	1	7 min (0.12 hours)	12

**FEDERAL COST:** The estimated cost to the Federal government is \$ 11,030

Item/Activity	Details	\$ Amount
FYSB oversight of contractor and project	2.5% of FTE: GS-13 Program Specialist	\$3,030
Deployment of survey instrument, reminders to grantees for completion, analysis of results (Contractor)	Labor hours (1.5% of FTE for contractor staff)	\$8,000
<b>Total</b>		<b>\$ 11,030</b>

**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.**

There are currently 97 PREP grantees and two staff from all grantees are required to participate in at least one topical training annually. Each topical training has space accommodations for 100 staff of PREP grantees.

**Administration of the Instrument**

- 1. How will you collect the information? (Check all that apply)  
[X] Web-based  
[ ] 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.**

The survey instrument is attached along with this form as Attachment A.