

OCC Tribal CCDF Plan Training: Registration Questions

(* = required)

Please select your role at this event. * (drop down list)

- Tribal CCDF administrator
- Tribal CCDF co-administrator
- Tribal fiscal staff member
- Grant writer
- OCC federal staff member
- Non-OCC federal staff member (please specify)
- OCC National Center TA staff member (drop down list)
 - Child Care Automated Reporting System (CARS)
 - Child Care Meeting Management Center (CMC)
 - Child Care State Capacity Building Center (SCBC)
 - Data and Information Systems Consultation Center (DISCC)
 - National Center on Afterschool and Summer Enrichment (NCASE)
 - National Center on Early Childhood Quality Assurance (NCECQA)
 - National Center on Subsidy Innovation and Accountability (NCSIA)
 - Tribal Child Care Capacity Building Center (TCBC)
 - Tribal Child Care Program Support Center (TPSC)
- Other (please specify)

First Name *

Last Name *

Title/Position*

Tribal Nation/Tribal Organization or Other Organization *

City *

State *

ZIP

Phone *

Email *

Select how long you have been in your role * (drop down list)

- Less than 6 months
- 6 – 18 months
- 18 months – 3 years
- 3 years or longer

Select your Tribal CCDF allocation size * (drop down list)

- Small
- Medium
- Large
- Unsure
- N/A

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain feedback from participants in OCC's Tribal CCDF Plan Training. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. 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 number is 0970-0617 and the expiration date is ##/##/####. If you have any comments on this collection of information, please contact Stacy Cassell, Stacy.Cassell@acf.hhs.gov.

Select your OCC region * *(drop down list)*

- Region 1 (CT, MA, ME, NH, RI, VT)
- Region 2 (NJ, NY, PR, VI)
- Region 3 (DC, DE, MD, PA, VA, WV)
- Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)
- Region 5 (IL, IN, MI, MN, OH, WI)
- Region 6 (AR, LA, OK, NM, TX)
- Region 7 (IA, KS, MO, NE)
- Region 8 (CO, MT, ND, SD, UT, WY)
- Region 9 (AS, AZ, CA, GU, HI, MP, NV)
- Region 10 (AK, ID, OR, WA)
- N/A

Are you a Public Law 102-477 grantee and receive your CCDF funds through the BIA?* *(drop down list)*

Yes

No

Unsure

N/A

Do you require any special accommodations? If so, please describe. _____ *(drop down list)*

Yes

No

Will you require over night accommodations? *Note, you need to reserve your own hotel room using the information provided on the Travel page. (drop down list)*

Yes

No