

# **Request for Approval under the “Generic Clearance for Reviewer Recruitment”**

**(OMB Control Number: 0970-0477)**

**TITLE OF INFORMATION COLLECTION:** Prevention Services Evaluation Partnerships (PSEP) Reviewer Recruitment Form

**PURPOSE:** The purpose of this information collection is to identify individuals with the appropriate expertise to serve as reviewers for the PSEP grant review. The PSEP Grant Program (HHS-2023-ACF-OPRE-FA-0041) will support collaborations among evaluators and partnering Title IV-E agencies, community entities, and/or other researchers to conduct well-designed and rigorous summative randomized control trial or quasi-experimental evaluations of mental health, substance abuse prevention and/or treatment, in-home parent skill-based, or kinship navigator programs and services. Grant recipients will be expected to conduct evaluation designs that align with the Title IV-E Prevention Services Clearinghouse Design and Execution Standards for Moderate or High Support of Causal Evidence. By widely distributing this reviewer recruitment form, we hope to identify a qualified pool of available reviewers with specialized expertise to support the rigorous evaluation of PSEP applications.

ACF may also use the information collected to solicit interest in participating in future grant reviews, especially those reviews which would benefit from reviewers with similar areas of expertise.

**DESCRIPTION OF RESPONDENTS:** Individuals interested in serving as reviewers for the PSEP Grant Program and future ACF grant reviews.

## **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: Sarah Blankenship, Office of Planning, Research and Evaluation

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

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Individuals interested in serving as ACF grant reviewers	100	10 minutes	16.67 hours

**FEDERAL COST:** The estimated annual cost to the Federal Government is \_\_\$2,600\_\_\_\_\_

**Administration of the Instrument**

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

- ☒ 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.**