

**National Center on Substance Abuse and Child Welfare Site Visit
Registration Information Collection**

- First and last name
- Email address
- State/Province/County/City
- Do you work for a tribe or tribal coalition?
 - o If yes, what tribe or tribal coalition?
- Organization
- Grantee or Recipient Name
- System
- Job title
- What knowledge or skills do you hope to gain from this site visit?
- What questions do you have related to the site visit?
- I will be attending in-person or virtually (select)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather registration information from site visit participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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 # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Surina Amin at surina.amin@acf.hhs.gov.