

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

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**TITLE OF INFORMATION COLLECTION:** Participant Feedback for the Evaluation and Monitoring 101 Training

**PURPOSE AND USE:** The purpose of this voluntary collection is to solicit feedback from participants who attend the virtual two-day “Evaluation and Monitoring 101” training that the Office of Planning, Research, and Evaluation (OPRE) hosts annually. This feedback will help OPRE improve the training in future years.

**DESCRIPTION OF RESPONDENTS:** Respondents will be contractors working within the Administration for Children and Families who attend the training.

**TYPE OF COLLECTION:**

|                                                                        |                                                                  |
|------------------------------------------------------------------------|------------------------------------------------------------------|
| <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 primary purpose of the results is not for public dissemination.
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.

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Management Analyst  
Office of Planning, Research, and Evaluation

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ 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
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No

**Tokens of Appreciation or Honoraria:**

Will a token of appreciation or honoraria be provided to participants?

☐ Yes ☒ No

## BURDEN HOURS

| Information Collection   | Category of Respondent | No. of Respondents | No. of Responses per Respondent | Estimated Time per Response | Burden Hours |
|--------------------------|------------------------|--------------------|---------------------------------|-----------------------------|--------------|
| Session Feedback Survey  | 2 – Private Sector     | 36                 | 7                               | 2 mins                      | 8.4          |
| Training Feedback Survey | 2 – Private Sector     | 36                 | 1                               | 3 mins                      | 1.8          |
| <b>Totals</b>            |                        | <b>36</b>          | <b>8</b>                        | <b>2.125 mins</b>           | <b>10.2</b>  |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\$500\_\_\_\_

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

### **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.

The universe of potential respondents is all training attendees. We will survey the full universe and thus do not have a sampling plan.

### **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
2. Will interviewers or facilitators be used? [ ] Yes [ X ] No

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