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

**TITLE OF INFORMATION COLLECTION:** Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) Regional Meetings Feedback Forms

**PURPOSE:** The Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) program hosts in-person and virtual regional meetings with the aim to enhance grantees' abilities to successfully meet grant program goals, objectives, and requirements outlined in the authorizing legislation. During meetings, grantees participate in Technical Assistance (TA), peer sharing, and capacity and skill-building opportunities. TMIECHV regional meetings are a requirement of the grant award (cooperative agreement) and provide an opportunity for grantees to receive TA on the program requirements of their grants through skill and capacity building from Federal staff, TA providers, and other appointed experts.

ACF collects feedback from grant recipients about their satisfaction to inform the planning for training and Technical Assistance (TA) delivered through TMIECHV regional meetings, as approved under this generic, through the following surveys:

* Appendix A: Tribal Regional Overall Meeting Feedback Form
* Appendix B: Tribal Regional Individual Session Feedback Form
* Appendix C: Virtual Tribal Regional Overall Meeting Feedback Form
* Appendix D: Virtual Tribal Regional Individual Session Feedback Form

This request updates the surveys and requests approval to continue use at upcoming TMIECHV regional meetings. The surveys provide ACF with valuable feedback about the quality of TA administered at these meetings. Feedback informs planning and improvements for future meetings. The information is intended for internal use and planning to help ensure that ACF provides TMIECHV grant recipients with effective and efficient support.

**DESCRIPTION OF RESPONDENTS**: The TMIECHV program provides grants to tribal organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native communities. The program is funded by a six percent set aside from the larger MIECHV program. TMIECHV grants are awarded to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations. Grantee team members such as directors, supervisors, data collection personnel, evaluators, collaborating partners, and home visitors attend regional meetings.

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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.

Name and affiliation:\_Anne Bergan, ACF Tribal Early Chilhood Development Division\_\_\_\_\_\_

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

**Personally Identifiable Information:**

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [X] No

**BURDEN HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response** | **Burden Hours** |
| Tribal Regional Overall Meeting Feedback Form | Individuals | 75 | 1 | 4 minutes | 5 hours |
| Tribal Regional Meeting Individual Session Feedback Form | Individuals | 650 | 1 | 3 minutes | 32.5 hours |
| Virtual Tribal Regional Overall Meeting Feedback Form | Individuals | 35 | 1 | 4 minutes | 2.3 hours |
| Virtual Tribal Regional Individual Session Feedback Form | Individuals | 200 | 1 | 3 minutes | 10 hours |
| **Totals** | | 960 | 1 | .0519 hours | 49.8 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is $ 3,150.00, based on labor hors by the contractor to collect and analize submissions.

**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?

Participants of regional meeting events are current and future grantees who received (will receive) a TMIECHV grant from ACF to implement evidence-based home visiting services. Grants are generally awarded for five years. All grantee participants of meeting events are invited to complete the individual session and overall meeting feedback forms.

**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

[X] Other, Explain: Survey App or Paper Copy

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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