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

**TITLE OF INFORMATION COLLECTION:** Administration for Native Americans Project Planning and Development (PPD) Training Feedback

**PURPOSE AND USE:** The Administration for Native Americans (ANA) Project Planning and Development (PPD) Form serves as an essential tool for collecting participant information evaluate to training and workshop experiences. This form gathers information on the participants’ experience with the training and how ANA Training and Technical Assistance Providers can improve training opportunities in the future; and to ensure appropriate preparation and follow-up for each attendee.

**DESCRIPTION OF RESPONDENTS**: Survey respondents will tribal governments, Indian Tribes and tribal organizations, Alaska Native grantees, and non-profit Native American organizations.

**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: Amy Zukowski, Director Program Evaluation and Planning, ANA

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [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

**Tokens of Appreciation or Honoraria:**

Will a token of appreciation or honoraria be provided to participants? [ ] Yes [x] No

**BURDEN HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response** | **Burden Hours** |
| ANA Alaska PPD Training Evaluation | Tribal Governments and Private Sector | 30 | 1 | 5 minutes | 2.5 hours |
| ANA Eastern and Western PPD Training | Tribal Governments and Private Sector | 60 | 1 | 5 minutes | 5 hours |
| ANA Pacific PPD Training Evaluation | Tribal Governments and Private Sector | 30 | 1 | 5 minutes | 2.5 hours |
| **Totals** | | **120** | **1** | **5 minutes** | **10 hours** |

We estimated the total cost by using the Bureau of Labor Statistics wage data for Social and Human Services Assistants (job code 21-1099). The mean hourly wage from May 2024 is $28.06 per hour. To account for fringe benefits and overhead the rate was multiplied by two which is $56.12. The estimate of annualized cost to respondents for hour burden (inclusive of fringe and overhead) is $56.12.

**FEDERAL COST:** The estimated annual cost to the Federal government is $561.12

**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? [ ] Yes [x] 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.

Respondents will identify themselves by registering for the PPD Training.

**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

[x] In-person

[ ] Mail

[ ] Other, Explain

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