

**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:** Regional Partnership Grant (RPG) Meeting Evaluation Feedback

**PURPOSE:** The purpose of the Regional Partnership Grant (RPG) Meeting Evaluation Feedback form is to collect information from the RPG meeting participants on their meeting experience. The form will collect routine customer feedback from grantees.

The Children’s Bureau (CB) awards RPG under Title IV, part B, subpart 2- Promoting Safe and Stable Families, section 437(f) of the Social Security Act (42 U.S.C. 629g(f)). As part of the grant award, grantees are required to participate in grantee meetings. Key staff are required as a condition of award to attend at least one annual meeting as well as a kickoff meeting at the time of award.

RPG grantee feedback will be collected and then analyzed to ensure future meetings meet the needs of the grantees and CB.

**DESCRIPTION OF RESPONDENTS:** Respondents are RPG project staff participating in the meetings. Key staff who are required as part of the grant award include project or programmatic leads, key collaborative partner staff, and evaluation staff.

**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.

Name and affiliation: Catherine Luby, Child Welfare Program Specialist, CB

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 [ X ] No

**Gifts or Payments:**

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

**BURDEN HOURS**

The following burden estimates are for three years. There will be one annual meeting a year and potentially as many as three kickoff meetings in the three years.

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Burden Hours</b>
Meeting Evaluation Feedback	Grantee meeting attendees	675	1	.25	169

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,000 (within an existing contract task).

**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?  
[ ] 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 are grantee meeting attendees, which includes key grantee staff and partners. The feedback survey will be sent out to all attendees of the annual meetings and kickoff meetings.

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

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