

## **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:** Medical Legal Partnership Plus (MLP+) Grant Recipient Training and Technical Assistance Feedback Survey

**PURPOSE AND USE:** The Office of Community Services (OCS) provides training and technical assistance to grant recipients, including the current Medical Legal Partnership grant recipients. Based on experiences to date with technical assistance provided, conversations around technical assistance, and other information from grant recipients, OCS has identified areas that might be of interest for future technical assistance opportunities and would like grant recipients’ feedback. The purpose of the Training and Technical Assistance Feedback Survey is to gather feedback from current Medical Legal Partnership grant recipients regarding their training and technical assistance to understand their needs and preferences. OCS will use the answers provided to help shape the content of the upcoming grant recipient meetings and other training and technical assistance opportunities.

**DESCRIPTION OF RESPONDENTS:** Respondents will be current grant recipients of the MLP program. OCS expects one to two individuals from each grant recipient organization to respond.

**TYPE OF COLLECTION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Feedback Survey</u> |

**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: Julia Rabin, Program Specialist, Division of Community Discretionary and Demonstration Programs, OCS

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  
**[NA]**

We are requesting names, emails, and organizational affiliation to track respondents' requests and specific needs.

**Tokens of Appreciation or Honoraria:**

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

**BURDEN HOURS**

<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>
Training and Technical Assistance Feedback Survey	Grant Recipient	16	1	15 minutes	4 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$430  
 This sum reflects federal staff time to send out the survey to grant recipients and conduct subsequent analysis of results. The average salary of the staff working on this program is a GS12, which is compensated at an average wage rate of \$89,834 annually, \$43 hourly. It is anticipated that federal staff will spend about 10 hours on this project.

**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  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.

OCS has a list of all active MLP grant recipients and will send the survey to all active MLP grant recipients. We anticipate 1-2 respondents per grant recipient.

**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  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No