# *COMMENT TEMPLATE*

# *CSBG Annual Report OMB Clearance Process*

**[Date]**

**[Email to:****infocollection@acf.hhs.gov****]**

**[Identifying information\*]**

*\*no disclosure required; include only what is comfortable and desired; delete what you don’t want!*

**[Region]**

 **[State]**

**[Organization type]**

* CSBG *Eligible Entity or Community Action Agency*
* *State CSBG Lead Agency*
* *State Association*
* *National Partner*
* *Interested individual/ Other (please describe)*

**[Organization Name]**

**[Role/Position title]**

* *State Administrator*
* *Executive Director*
* *Program Manager*
* *Program Administrator*
* *Data manager or data systems staff*
* *Program Director or Senior Staff*
* *Planning Director*
* *Other (please describe)*

**[Who is represented by this response?]**

*\*Who you represent (I.E. collective voice or single agency/single person). How many agencies are represented by your letter?*

# OCS REQUESTED FEEDBACK:

1. **Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility**
2. **The accuracy of the agency’s estimate of the burden of the proposed collection of information**
3. **The quality, utility, and clarity of the information to be collected; and**
4. **Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.**

# SPECIFIC FEEDBACK AROUND DATA ELEMENTS:

*\*All of the modules and sections are listed below. Keep the references for your relevant comments and delete the ones you won’t need!*

**Module 1 - State Administration: (pages 2-22)**

**Module 1**, Section A: (page # 3-4)

**Module 1**, Section B: (page # 5-6)

**Module 1**, Section C: (page # 7)

**Module 1**, Section D: (page # 8-9)

**Module 1**, Section E: (page # 10-14)

**Module 1**, Section F: (page # 15-16)

**Module 1**, Section G: (page # 17-19)

**Module 1**, Section H: (page # 20-21)

**Module 1**, Section I: (page # 22)

**Module 2 – Agency Expenditures, Capacity, and Resources: (pages 23-27)**

**Module 2**, Section A: (page # 24)

**Module 2**, Section B: (page # 25)

**Module 2**, Section C: (page # 26-27)

**Module 3 – Community Level: (pages 28-50)**

**Module 3**, Section A: Community Level Initiatives Home Page: (page # 29)

**Module 3**, Section A: Community Level Initiative Status Page: (page # 30-31)

**Module 3**, Section A: Supplemental Data: (page # 32)

**Module 3**, Section A: Strategies Popup Windows: (page # 33-36)

**Module 3**, Section B: Community Level NPIs: (page # 37)

**Module 3**, Section B: Community Level NPI Landing Page: (page # 37-39)

**Module 3**, Section B: Community Level NPI Data Entry Forms: (page # 40-50)

**Module 4 - Individual and Family Level: (pages 51-75)**

**Module 4,** Section A: Characteristics for NEW Individuals and Households: (page # 52)

**Module 4,** Section B: All Characteristics Report: (page # 53-54)

**Module 4,** Section C: Individual and Family NPIs: (page # 55)

**Module 4,** Section C: Individual and Family NPI Landing Page: (page # 55-57)

**Module 4,** Section C: Individual and Family NPI Data Entry Forms: (page # 56-67)

**Module 4,** Section D: Individual and Family Services: (page # 68-75)