# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2010-0042)

TITLE OF INFORMATION COLLECTION: Barnegat Bay Festival Survey

#### **PURPOSE:**

The survey was designed to gather information about the effectiveness of advertising for the Barnegat Bay Festival, ways to improve the festival, and the success of the education and outreach efforts at the festival.

The festival is the Barnegat Bay Partnership's (BBP's) premier education and outreach event. At the festival, the BBP and its partners educate the public about bay and watershed issues, promote greater public participation in protecting the bay, and advocate for responsible use of the bay's resources. The information collected by the survey will help the BBP determine the most cost-effective way(s) to advertise the festival and provide an assessment of the outreach methods used at the festival and our success in communicating to people what they can do to help protect and restore the bay.

### **DESCRIPTION OF RESPONDENTS:**

The respondents will be attendees of the Barnegat Bay residents and seasonal visitors. Approximately 2,000 to	
TYPE OF COLLECTION: (Check one)	
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software) [ ] Focus Group	<u> </u>
CERTIFICATION:	
<ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is low-burden for respondents and</li> <li>The collection is non-controversial and does no agencies.</li> <li>The results are not intended to be disseminated</li> <li>Information gathered will not be used for the pupolicy decisions.</li> <li>The collection is targeted to the solicitation of control experience with the program or may have experience</li> </ol>	t raise issues of concern to other federal to the public.  urpose of substantially informing influential opinions from respondents who have
Name:Karen Walzer	
To assist review, please provide answers to the following	owing question:
<ul> <li>Personally Identifiable Information:</li> <li>1. Is personally identifiable information (PII) colle</li> <li>2. If Yes, is the information that will be collected Privacy Act of 1974? [ ] Yes [ ] No</li> </ul>	
3. If Applicable, has a System or Records Notice l	peen published? [ ] Yes [ ] No

<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of expendanticipants? [ ] Yes [ x ] No	nses, token of ap	preciation) provid	led to
BURDEN HOURS			
Category of Respondent	No. of	Participation Time	Burden
Individuals	Respondents 300	2 minutes	10
Individuals	300	2 minutes	10
Totals	300	2 minutes	10
<b>FEDERAL COST:</b> The estimated annual cost to the I Festival volunteers will administer the survey.	Federal governm	nent is0	
If you are conducting a focus group, survey, or plan provide answers to the following questions:	to employ stat	istical methods,	<u>please</u>
<ul><li>The selection of your targeted respondents</li><li>1. Do you have a customer list or something similar the respondents and do you have a sampling plan for selection.</li></ul>	electing from thi	-	al
If the answer is yes, please provide a description of bot	th below (or atta	ch the sampling p	olan)? If

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?

## **Administration of the Instrument**

1.	How will you collect the information? (Check all that apply)
	[ ] 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.

# Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

#### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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