

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

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**TITLE OF INFORMATION COLLECTION:** *Training and Technical Assistance Initiative for Tribes, Trust Territories, and Insular Areas Training Evaluation Form*

**PURPOSE:** *To collect feedback from trainees to evaluate the effectiveness of the training.*

*This data will be used in the Tribal Grants Management Training Program to gauge satisfaction of trainees and determine the effectiveness of the training.*

**DESCRIPTION OF RESPONDENTS:** *Respondents will be participants in the EPA-contracted trainings associated with the Training and Technical Assistance Initiative for Tribes, Trust Territories, and Insular Areas. They will typically be members of Tribes and Trust Territories. Note that this survey is distributed at each training and is not a one-time bulk distribution.*

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <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 results are not intended to be disseminated to the public.
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.

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
(3) State, local, or tribal governments	~250	5 minutes	1250 minutes
<b>Total</b>	<b>250 respondents</b>		<b>20.8 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is 20 hrs x \$32.25 analyst hourly rate = \$645.

**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  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?

**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

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