

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2125-0628)**

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**TITLE OF INFORMATION COLLECTION:** Evaluation of FHWA Support of Strategic Highway Safety Plan Development and Implementation

**PURPOSE:** The Safe, Accountable, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), 23 U.S.C. § 148, established the Highway Safety Improvement Program (HSIP) as a core Federal program. A Strategic Highway Safety Plan (SHSP) is a major component and requirement of the HSIP. An SHSP is a statewide-coordinated safety plan that provides a comprehensive framework for reducing highway fatalities and serious injuries on all public roads. The SHSP is developed by the State Department of Transportation (DOT) in a cooperative process with local, State, Federal, and private sector safety stakeholders. The SHSP is a data-driven, four to five year comprehensive plan that establishes statewide goals, objectives, and key emphasis areas and integrates the four E's - engineering, education, enforcement and emergency medical services (EMS). The SHSP identifies the State's key safety needs and guides investment decisions to achieve significant reductions in highway fatalities and serious injuries on all public roads. The SHSP allows all highway safety programs in the State to work together in an effort to align and leverage its resources. It also positions the State and the State's safety partners to collectively address the State's safety challenges on all public roads.

The requested information collection, in the form of an on-line survey tool, is a vital component of the DOT's evaluation and will be used to evaluate the efficiency and effectiveness of the activities that support the development and implementation of SHSPs. They will be asked to provide information about their use and opinion of FHWA-supplied products and services to support SHSP development and implementation as well as their perspectives on the effectiveness of the SHSP program overall.

**DESCRIPTION OF RESPONDENTS:** We estimate that 153 State-level leads responsible for development and implementation of the SHSP, the HSP and the CVSP.

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

- |                                                                        |                                                               |
|------------------------------------------------------------------------|---------------------------------------------------------------|
| <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: Program Assessment |

**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.

Name: David Pearlman

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, 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

**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
State, Local or Tribal Government	161	30 minutes	80.5 hrs
<b>Totals</b>	161		80.5 hrs

**FEDERAL COST:** The estimated annual cost to the Federal government is \$28,000

**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.**