

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

TITLE OF INFORMATION COLLECTION: FHWA Intersection Safety Program Customer Satisfaction Survey

PURPOSE:

This collection of information is voluntary and will be used to gauge the extent to which FHWA’s Intersection Safety Program meets the needs of its customers in State Departments of Transportation (State DOTs). The results will be used by the manager of the Intersection Safety Program to better focus the support of his team and make adjustments to the content and delivery of intersection safety support.

DESCRIPTION OF RESPONDENTS:

Respondents include safety, traffic, and design engineers in a subset State DOTs selected for their engagement with the Intersection Safety Program. Respondents represent State DOTs that fall into one of the following categories:

- Current Focus States for Intersection Safety (<http://safety.fhwa.dot.gov/fas/>) – Under its “Focused Approach”, FHWA prioritizes its assistance in three crash types to a subset of states that meet established criteria. Focus States are eligible to receive more focused attention from FHWA to address their identified safety issues. For its Intersections focus area, current Focus States were selected based on the following criteria: *“Intersection Focus States are eligible based on their average number of intersection fatalities over a three year period. In addition, FHWA considers the urban and rural roadway percentages within these States and the ratio of their actual intersection fatality rate versus the expected intersection fatality rate per vehicle miles traveled (VMT) based on national urban and rural rates. Based on these criteria, States are eligible to become Intersection Focus States if their intersection fatalities were more than the national average (154 intersection fatalities), and had an actual-to-expected ratio greater than 1.0. States with a ratio higher than 1.0 have more fatalities than expected.”*
- Former Focus States for Intersection Safety – FHWA’s list of Focus States has been revised twice since the inception of the initiative to use updated data and methodology.
- States that have received assistance from FHWA to develop an Intersection Safety Implementation Plan (http://safety.fhwa.dot.gov/intersection/resources/intersaf_ipp0709/fhwasa10010.pdf) – While FHWA prioritizes its assistance in intersection safety to Focus States, it offers resources and services to any state that expresses a need for assistance. FHWA has worked with several non-Focus States to develop Intersection Safety Implementation Plans, which help State DOTs identify countermeasures, strategies, deployment levels, implementation steps, actions, and costs necessary to achieve the intersection safety goals of their Strategic Highway Safety Plan.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion Group
- 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.

Name: David Perlman

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Current Focus State Representatives	9	30 minutes each	4.5 Hours
Previous Focus State Representatives	9	30 minutes each	4.5 Hours
Received Intersection Safety Implementation Plan Technical Assistance	10	30 minutes each	5 Hours
Totals			14 Hours

FEDERAL COST: The estimated annual cost to the Federal government is \$1,500

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?
[X] 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?

The universe of potential respondents includes all State DOT staff who are involved in improving the safety of intersections in their state. We have selected a subset of this universe consisting of states that have had at least a minimal level of engagement with the FHWA Intersection Safety Program and staff within those states whose primary responsibility is roadway safety (described under “Description of Respondents” above).

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.

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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

Participation Time: Provide an estimate of the amount of time (in minutes) 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 Respondents and the Participation Time then 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.

Submit all instruments, instructions, and scripts are submitted with the request.