# Request for Approval under the "DOI Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" OMB Control Number: 1090-0011

# TITLE OF INFORMATION COLLECTION:

National Hydrography Dataset (NHD) Stewardship Assessment

## **PURPOSE:**

Understand satisfaction of NHD data stewards with the stewardship program managed by the USGS – what works well, what could be improved? How could we improve the program and increase participation?

**DESCRIPTION OF RESPONDENTS**: Respondents will be primarily NHD data stewards (State and academic entities) that have signed a MOU with the USGS to provide edits to the NHD. Several other entities that are either (1) substewards, working for a formal steward, or (2) agencies that have provided data edits without a signed MOU will also be contacted.

# TYPE OF COLLECTION: (Check one)

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

[ ] Focus Group

[X] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Stephen Aichele, 01/08/2014

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

## **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No (If yes, please explain.)

## **BURDEN HOURS**

Initial Contacts and Expected Respondents	No. of Contacts or	Time to	Burden
	Respondents*	Participate**	
Total contacts (current State and academic	59	3 minutes	3 hrs.
stewards, sub- and potential stewards)			
Estimated total respondents based on	47	1 hr.	47 hrs.
estimated 80% response rate			
Total			50 hrs.

#### \* Total Number of Initial Contacts and Expected Number of Respondents

Initial contacts:

 59 NHD Stewards: (Including all 34 current State and academic Stewards, 20 associated Substewards, and 5 potential Stewards; 3 current Federal agency Stewards are excluded from this request).

Expected number of respondents:

• 47 (based on the estimated response rate of 80%).

#### **\*\*** Estimated Time to Complete Initial Contact and Time to Complete Instrument

Estimated time to complete initial contact:

• 3 hours (3 minutes for initial contact x 59 potential respondents = 3 hours).

Estimated time to complete survey:

• 47 hours (60 minutes for interview x 47 respondents = 47 hours).

FEDERAL COST: The estimated annual cost to the Federal government is <u>\$5000 (salary)</u>

# 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.

Targeted respondents will include all current NHD data stewards (State and academic entities) that have signed a MOU with the USGS to provide edits to the NHD. Several other entities that are either (1) substewards, working for a formal steward, or (2) agencies that have provided data edits without a signed MOU will also be contacted and requested to participate. Three current Federal agency Stewards will also be interviewed but are excluded from this request.

## Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
  - [ ] Web-based or other forms of Social Media
  - [X] Telephone
  - [X] In-person
  - [] Mail
  - [ ] Other, Explain
- 2. Will interviewers or facilitators be used? [X] Yes [ ] No

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

**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 in minutes 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.