## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)

**TITLE OF INFORMATION COLLECTION:** Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Survey

**PURPOSE:**

The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center provides training and technical assistance (e.g., information, resources and support) to district, schools (k-12 & Higher education), and other personnel supporting school emergency management. The purpose of the customer-service oriented follow-up would be to determine if the technical assistance services met their needs and whether any additional questions or issues have since arisen that the REMS TA Center can subsequently address.

**DESCRIPTION OF RESPONDENTS**:

Survey respondents would be those persons who requested and received REMS TA center assistance or support. The majority of requestors are State Education Agency and Local Education Agency officials. Others include community partners in school emergency management.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus 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: Madeline Sullivan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No N/A
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No N/A

**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** |
| (3) State, local, or tribal governments (State Education Agencies (SEA) and Local Education Agency (LEA) officials)  | 100 | 3 minutes | 5 |
|  |  |  |  |
| **Totals** | **100** |  | **5 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\_\_\_\_\_\_\_\_

**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 customer service-oriented survey would only be sent to those persons who requested and received assistance. This would not include general requests for general notifications (e.g., grant program competitions, training opportunities) and would be sent to those requesting guidance, resources, and tools for building school emergency management capacity.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media Email

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [ X ] No

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