

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0596-0226)**

**TITLE OF INFORMATION COLLECTION:** Alaska Region Partner Assessment

**PURPOSE:** The purpose is to garner qualitative feedback from agency partners in an efficient and timely manner in order to improve the agency’s service delivery. This feedback will provide insights into partner perceptions, experiences, and expectations, and help focus attention on areas where communication, training, or changes in operations might improve the agency’s ability to partner with diverse groups and entities to achieve increased results on the ground. This collection is **not** a statistical survey that will yield quantitative results.

**DESCRIPTION OF RESPONDENTS:** Agencies and organizations that currently work with the Forest Service in the Alaska Region under challenge cost-share agreements, participating agreements, and memoranda of understanding. These entities include nonprofit organizations, academic institutions, tribal groups, corporations, and government agencies.

**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.

Name: George Schaaf, Regional Partnership Coordinator, Region 10, U.S. Forest Service

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**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Private Sector	44	5 minutes	220 min.
Federal Government	23	5 minutes	115 min.
State/Local/Tribal Governments	58	5 minutes	290 min.
<b>Totals</b>	<b>125</b>	<b>5 minutes</b>	<b>625 min.</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$100.00

**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 targeted respondents will be entities currently partnering with the Alaska Region through formal agreements, including challenge cost-share agreements, participating agreements, and memoranda of understanding (approximate total: 125).

**Administration of the Instrument**

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

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