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

TITLE OF INFORMATION COLLECTION: Cooperative Weed Management Area Program Delivery Feedback

PURPOSE: Assess the effectiveness of Forest Service Great Lakes Restoration Initiative funding in developing the capacity and accomplishing invasive plant objectives of Cooperative Weed Management Areas in the Great Lakes watershed. This one-time feedback form also allows future participants in funding and technical assistance programs to provide input into program delivery to allow agency managers to better meet the needs of all eligible entities.

DESCRIPTION OF RESPONDENTS: The respondents are non-profit organizations known as Cooperative Weed Management Areas (CWMA). There are between 30 and 40 of these organizations with varying levels of capacity working across parts of the Great Lakes basin through partnerships and volunteers.

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: The collection is voluntary. The collection is low-burden for respondents a The collection is non-controversial and does not agencies. The results are not intended to be disseminated Information gathered will not be used for the policy decisions. The collection is targeted to the solicitation of experience with the program or may have experience 	ot raise issues of concern to other federal to the public. The public opinions from respondents who have		
Name:Jeremy J. Peichel			
To assist review, please provide answers to the following question:			
 Personally Identifiable Information: Is personally identifiable information (PII) collected? [] Yes [X] No If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [X] No If Applicable, has a System or Records Notice been published? [] Yes [X] No 			
Gifts or Payments: Is an incentive (e.g., money or reimbursement of e participants? [] Yes [X] No	xpenses, token of appreciation) provided to		

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Non-profit Organizations	30	15 minutes	7.5 hrs
TOTALS	30		7.5 hrs

FEDERAL COST: The estimated annual cost to the Federal government is ___\$60__, for one GS-11, Step 1 to download the data and analyze the result (2 hours).

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 un	iverse of p	otential
	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?

There are fewer than 40 CWMAs in the Great Lakes Basin. The feedback form will be offered to all of them electronically and a liberal estimate of 30 self-selected respondents will form the sample.

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.