

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-14UQ)

TITLE OF INFORMATION COLLECTION: 2015 Immunization Awardee Meeting Evaluation

PURPOSE:

CDC/NCIRD/Immunization Services Division (ISD) held an Immunization Awardee Meeting at CDC on July 14-17, 2015. Attendees included state and local immunization awardee staff, as well as CDC staff and partner organizations. The objectives of this meeting, which was the first of its kind, were to enhance immunization-related knowledge and skills and enable peer-to-peer networking and sharing of information.

The data collection instrument (Attachment 1), to be sent via surveymonkey, is brief and primarily closed-ended question survey needed to evaluate the success of the meeting and plan for future meetings. The data collected will not contain personally identifiable information and will not be published.

DESCRIPTION OF RESPONDENTS:

Each of the 50 states and 6 US city awardee programs are funded by CDC to prevent and control vaccine-preventable diseases and improving immunization coverage in their jurisdictions. The respondent pool includes each registrant/participant of the Immunization Awardee Meeting. The participants completed a registration form in a database that included name, organization and email address in order to attend the meeting.

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: Tara Vogt (tcv3)

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, 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 No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments	232	8/60	31 hours
Not-for-profit institutions	10	8/60	1 hours
Totals	242	8/60	32 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$0

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?
 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 the 2015 Immunization Awardee Meeting attendees has been identified through the meeting registration system. All attendees will be contacted via email and asked to voluntarily participate in the survey.

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.

Attachment 1_ 2015 Immunization Awardee Meeting IAM Evaluation_Survey
 Attachment 2_2015 Immunization Awardee Meeting Evaluation_Survey_Screenshots

Attachment 3_ 2015 Immunization Awardee Meeting_ Invite email

Attachment 4_ 2015 Immunization Awardee Meeting _Reminder Email