

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1026)

TITLE OF INFORMATION COLLECTION: Immunization Services Division (ISD) All Awardee Call Evaluation

PURPOSE:

CDC/NCIRD/Immunization Services Division (ISD) holds an ISD All Awardee Call every other month and on an ad-hoc basis for urgent matters when needed. These calls create a forum for discussion between CDC-ISD and immunization awardees on topics of interest and matters related to their Immunization Cooperative Agreement.

The information provided by participants in this survey provide feedback to ISD regarding the success of the calls and plan for future calls. The data collection instrument (Attachment 1) is brief and consists of primarily closed-ended questions. The data collected will not contain personally identifiable information and will not be published.

DESCRIPTION OF RESPONDENTS:

The respondents are the ISD All Awardee Call participants. Immunization awardees comprise each of the 50 states and 6 US city programs that are funded by CDC to prevent and control vaccine-preventable diseases and improving immunization coverage in their jurisdictions.

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: Candelaria Rijo (cqr5)

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	5/60	19 hours
Totals	232	5/60	19 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?

Call participants for each of the ISD All Awardee calls have been identified through the call participant lists provided by the call manager. This information is collected at the beginning of each call when the participant dials in to the conference line. All call participants 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 A - Immunization Services Division All-Awardee Call Evaluation_ Screenshots

Attachment B - Immunization Services Division All-Awardee Call Evaluation_ Participation email

Attachment C - Immunization Services Division All-Awardee Call Evaluation_ Reminder email