

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0503-0021)

TITLE OF INFORMATION COLLECTION: Obtaining feedback from LEAs that participated in the USDA’s Verification Improvement Project

PURPOSE:

The Office of Science and Technology Policy’s Social and Behavioral Sciences Team (SBST), partnering with USDA’s Food and Nutrition Service, is conducting a project to improve outcomes in the National School Lunch Program and School Breakfast Program verification process (the “Verification Improvement Project”¹). That project is testing the impact of changes to the materials and methods that school districts use in their communication with households in order to verify their eligibility for free or reduced price school meal benefits.

FNS requests approval to gather follow-up feedback from the local education agencies (LEAs) that participated in the project in the fall of 2015. The project team will survey project participants to help with interpretation of overall results and the effect of specific elements of the intervention. The study team will use the feedback and insights of project participants to modify its strategy for a planned follow-up project in the fall of 2016.

DESCRIPTION OF RESPONDENTS:

The respondents are the LEAs that were recruited by the project team and that agreed to participate in the Verification Improvement Project in the fall of 2015. The project team recruited LEAs based on the anticipated size of their verification samples in school year 2015-2016. LEAs with large expected sample sizes were selected over those with smaller sample sizes.² The team excluded some LEAs based on their recent participation in other FNS studies (in an effort to avoid overburdening them); these included many of the largest LEAs by student enrollment.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| ☐ Customer Comment Card/Complaint Form | ☐ Customer Satisfaction Survey |
| ☐ Usability Testing (e.g., Website or Software) | ☐ Small Discussion Group |
| ☐ Focus Group | ☒ Other: <u>participant observation survey</u> |

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.

¹ OMB control number: 0584-0524; ICR reference number: 201407-0584-002

² The project team selected an equal number of LEAs with similar anticipated sample sizes and comparable verification outcomes, to serve as a control group. The control group will not be contacted under this request for feedback.

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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

Category of Respondent	No. of Respondents	Participation Time	Burden
Local Education Authority	50	10 Minutes	500 Minutes
Totals	50	10 Minutes	500 Minutes

FEDERAL COST: The estimated annual cost to the Federal government is \$1000

The \$1,000 includes approximately 20 hours to review the survey responses at an average rate of a GS-13, Step 5 hourly cost of \$50.03. Due to the electronic format of this participant observation survey, there are no additional costs for postage.

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?

Under the attached approved clearance package OMB control number 0584-0524, ICR reference number 201407-0584-002, Test Modified Communication Protocols to Reduce Household Nonresponse in NSLP/SBP Verification Process, respondents were selected as described within the sampling selection section on pages 3 and 4.

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 – individual emails to respondents
2. Will interviewers or facilitators be used? ☐ Yes ☒ No

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