# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1601-0014)

**TITLE OF INFORMATION COLLECTION:** STC Los Angeles/Long Beach Regional Stakeholder Survey

**PURPOSE:** Collect qualitative satisfaction, utility, and usefulness information from users of Department of Homeland Security (DHS) – Domestic Nuclear Detection Office (DNDO) products and technical assistance provided in connection with DNDO's implementation of the Securing the Cities (STC) Program.

The STC Program seeks to reduce the risk of successful deployment of a radiological/nuclear (R/N) terrorist weapon against major metropolitan areas in the United States by establishing sustainable capabilities to detect, analyze, and report nuclear and other radioactive materials out of regulatory control. This program supports Presidential Policy Directive-8 and the Prevention Protection Frameworks including the following core capabilities: Intelligence and Information Sharing (planning and direction to establish partner agency requirements); Screening, Search, and Detection; Interdiction and Disruption. The STC Program is funded through cooperative agreements between DHS and the regional partner organization.

**DESCRIPTION OF RESPONDENTS**: Respondents are state, local, territorial, and tribal (SLTT) users of DNDO's STC products and technical assistance. They are representatives of the SLTT partner agencies chosen by DHS to participate in the STC Program. In this instance the respondents are representatives selected by each of the eleven (11) STC partner agencies for the Los Angeles/Long Beach (LA/LB) regional implementation that serve as working members on one or more of the program subcommittees: Equipment, Information Exchange, Training and Exercises. These representatives have direct contact with DNDO STC Program Office (PO) staff providing technical assistance on program execution, and firsthand working knowledge of the products developed and provided by the DNDO STC PO to assist with the implementation in the region.

### **TYPE OF COLLECTION:** (Check one)

| [ ] Customer Comment Card/Complaint Form         | [X] Customer Satisfaction Survey |
|--|----------------------------------|
| [ ] Usability Testing (e.g., Website or Software | [] Small Discussion Group        |
| [] Focus Group                                   | 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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To assist review, please provide answers to the following question:

### **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [X] Yes [] No Names and email addresses of respondents may be provided. However, surveys can also be submitted at meetings where this information does not need to be provided. Any potential PII collected is already in the possession of DNDO.
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [X] Yes [ ] No

This information is covered by DHS/ALL/PIA-006 - DHS General Contacts List.

#### Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

### **BURDEN HOURS**

| Category of Respondent                                  | No. of<br>Respondents | Participation<br>Time | Burden |
|---|-----------------------|-----------------------|--------|
| State and local STC LA/LB working group representatives | 18                    | 20 minutes            | 6.0    |
|   |                       |                       |        |
| Totals  | 18                    | 20 minutes            | 6.0    |

**FEDERAL COST:** The estimated cost (one-time) to the Federal government is <u>\$ 6040</u>. This includes costs to develop and deliver the survey, and analyze the survey results.

### <u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

### The selection of your targeted respondents

| 1. | Do you have a customer list or something similar that defines the u | niverse of pote | ntial |
|----|---|-----------------|-------|
|    | respondents and do you have a sampling plan for selecting from the  | is 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 respondents have been identified by name by DNDO. They are working group member representatives from the eleven (11) state and local agencies participating in the STC LA/LB implementation. The entire respondent group will be surveyed.

#### **Administration of the Instrument**

| [ ] Web-based or other forms of Social Media | 7) |
|--|----|
| [ X] Telephone [X] In-person [ ] Mail        |    |

[ X ] Other, Explain: Email.

2. Will interviewers or facilitators be used? [X] Yes [ ] No

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

## Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

#### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### 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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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