DEPARTMENT OF HOMELAND SECURITY

# REQUEST FOR APPROVAL UNDER THE

**"GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK"**

**(OMB CONTROL NUMBER** 1601 - 0014 **)**

## TITLE OF INFORMATION COLLECTION:

Firefighter Accountability Proximity Project NEON Proximity Unit

## PURPOSE:

Responder Technology (R-Tech) develops technology solutions that address high-priority First Responder capability gaps through rapid prototype development (timeframe: 12-18 months) and operational field assessments (OFAs).

Prototypes are subsequently transferred to the field for post-OFA testing and field research. First Responders are requested to assess the NEON Proximity Unit in an operational environment for a period of sixty to ninety days. Once the assessment concludes, First Responders are requested to provide DHS, S&T, R-Tech with feedback on their assessment via a questionnaire.

The feedback from the questionnaire will be reviewed by the DHS Program Manager to evaluate the use of the NEON Proximity Unit in the operational environment. The DHS Program Manager will also share the feedback with the Project Performer - TRX Systems, Inc.

## DESCRIPTION OF RESPONDENTS:

The respondents will be First Responders who either participated in the Operational Field Assessment of the NEON unit or expressed an interest in assessing the unit during the S&T First Responder Group (FRG) Annual First Responders Resource Group (FRRG) Conference.

**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:

## 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: **Kimberli Jones-Holt**

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

1. 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** | **Number of Respondents** | **Participation Time** | **Burden** |
| State, local, or tribal governments | 30 | .25 | 7.50 |
| **Total** | 30 | .25 | 7.50 |

**FEDERAL COST: The estimated annual cost to the Federal government is $ 41,011.00**

**The estimated annual cost to the Federal government for this collection is calculated to be approximately xx.**

**The following** method was used to estimate the cost (based on General Schedule Grade 14, step 10, WASHINGTON-BALTIMORE-NORTHERN VIRGINIA, DC-MD-VA-WV-PA locality, fully loaded annual pay of $145,629 with an hourly wage of $70.01: 1 personnel x 10% annual time (208 hours) = $14,562.

* Cost of 1 Teracore Client-Manager to review, analyze, and assimilate survey and responses with an hourly wage of $127.16:  1 personnel X 10% annual time (208 hours) = $26,449.

**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 list of potential respondents are those First Responders who either participated in the Operational Field Assessment or expressed interest during the annual FRRG Conference in evaluating the device.

## 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: **Questionnaire will be provided to respondent via DHS Outlook email.**

1. Will interviewers or facilitators be used? Yes No

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