Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0990-0379)

TITLE OF INFORMATION COLLECTION: Regional Resource Network Program Questionnaire (RRNP)

PURPOSE: The RRNP Questionnaire is a brief, primarily quantitative questionnaire that will be distributed to all partners identified by the RRCs in each region. This preliminary questionnaire will contribute to the RRNP's understanding of partner perceptions of the RRNP and the role of the RRNP in working to foster coordination and collaboration to address HIV-related health disparities. The questions focus on:

- The role of the RRNP in assisting partners to develop new networking relationships and connect them to resources for enhancing their HIV-related work;
- Whether the partners feel that the RRNP is successful in fostering collaboration to address HIV-related health disparities among racial/ethnic minorities;
- Whether and how the RRNP has played a role in assisting partner organizations in meeting their goals;
- Suggestions for additional RRNP activities and other organizations that could be potential partner for the RRNP.

DESCRIPTION OF RESPONDENTS:

Governmental agencies, non-government agencies, and community-based organizations (CBOs) in the 10 public health service regions of the U.S.

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   [X] Other: Questionnaire

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: Jose Belardo,Project Officer

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

Although we will use email addresses to invite partners to take the survey, personally identifying information (PII) will not be recorded or stored as part of the questionnaire. Business PII will be used only to administer the questionnaire (i.e., send the survey link to potential respondents), and will be stored separately with no information that links partners to their responses. The questionnaire will be offered through a secure Website, SurveyMonkey™.

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 Respondents	Participation Time	Burden
Governmental agencies, nongovernmental agencies, CBOs	750	15 min	188 hours
Totals	**750**		**188 hours**

FEDERAL COST: The estimated annual cost to the Federal government is: <u>$300 for a one-year subscription for SurveyMonkey, which will be used to administer the questionnaire.</u>

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 [X] 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?

To establish the RRNP questionnaire sample, the Coordinator of each region will be asked to enter their entire network of partners (name of organization and email address of main organizational contact) into an excel spreadsheet. The evaluation team will collect the spreadsheets and use them to create a list of emails from which the RRNP Evaluation Team will send the invitation to participate in the RRNP questionnaire. Once the spreadsheets are submitted, neither the RRCs nor the direct RRNP staff who interact with partners will have any access to or knowledge of which partners choose to complete the questionnaire or the responses of any of those partners.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [ ] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

   Lisa Carver, Project Manager, and Dr. Catherine Lesesne, Project Director, are providing oversight of the questionnaire.

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.

Submit all instruments, instructions, and scripts are submitted with the request.