

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

TITLE OF INFORMATION COLLECTION: User Feedback of the Technical Resources Assistance Center Information Exchange (TRACIE) Website

PURPOSE:

The Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) is preparing to launch the Technical Resources, Assistance Center, and Information Exchange (TRACIE). TRACIE aims to provide audiences and stakeholders better access to information, promising practices, and technical assistance through three mechanisms available on the TRACIE website: (1) a technical resources database; (2) a direct-service technical assistance center; and (3) an information exchange discussion board. ASPR would like to obtain feedback from users of TRACIE on the quality of the resources, technical assistance, website, and discussion board. Customer feedback will be collected through two methods.

1. Comments and ratings on TRACIE resources and Topic Area Collections.
2. Online customer satisfaction survey of individuals who use the TRACIE website.

Feedback will allow ASPR to understand the strengths and weaknesses of the TRACIE website and improve the website to best meet the needs of users.

DESCRIPTION OF RESPONDENTS:

All participants will be current healthcare system preparedness practitioners, employees of State, local, tribal or territorial health departments or others who use TRACIE services.

- Comments and rating participants will be any individual who opens a resource from the TRACIE website and has a user login.
- Website Customer Satisfaction survey participants will be any individual who accesses the website during the time of information collection.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
 Usability Testing (e.g., Website or Software)
 Focus Group

- Customer Satisfaction Survey
 Small Discussion 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: ___ Pamela Shayne Brannman _____

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, 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 [X] No

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
Healthcare Practitioners and Technical Occupations: Comments and Ratings	5000	2/60 hours	167 hours
Healthcare Practitioners and Technical Occupations: Survey	1500	5/60 hours	125 hours
Totals	7500		292 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$6,630.

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?
[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?

All participants who meet the criteria mentioned above in description of respondents will be eligible to participate in the collections of feedback.

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 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.

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.

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.