

**Request for Approval under the “DOI Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
OMB Control Number: 1090-0011**

TITLE OF INFORMATION COLLECTION:

The Office of Surface Mining Reclamation and Control’s Technical Training Program Course Effectiveness Evaluations

PURPOSE:

The information collected is used to identify and evaluate the effectiveness of OSMRE's training courses, and to expand on the curriculum where needed. The intent of OSMRE’s training program is to enhance students’ current job performance. Therefore, it is important for OSMRE to determine the effectiveness of the courses, and to modify existing courses, or to develop new courses to meet the needs of students and their employers, which are State and Tribal regulatory and reclamation authorities.

OSMRE is seeking OMB approval to continue collecting information for two evaluations, one to be completed by students who participated in an OSMRE technical training course, and the other evaluation to be completed by the students’ supervisors. OSMRE emails the evaluations three months after a course is completed, because this allows sufficient time for course participants to implement course information, material, and field exercise experiences in their current jobs. The evaluations are disseminated to assist OSMRE in determining the effectiveness and future needs of respondents who participate in OSMRE technical training courses. In this way, the evaluations are designed to benefit the public.

These technical training evaluation forms are currently approved by OMB and assigned control number 1029-0110. Upon approval of this qualitative clearance under 1090-0011 OSMRE will discontinue 1029-0110.

DESCRIPTION OF RESPONDENTS: Respondents are those State and Tribal regulatory and reclamation authority employees who have recently completed a training course offered by OSMRE’s National Technical Training Program, and their supervisors.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Ann Walker

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

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
3. 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 (If yes, please explain.)

BURDEN HOURS

Category of Respondents	No. of Respondents	Participation Time	Burden
State Regulatory and Reclamation Authority Employees	200	10 minutes	33 hours
State Regulatory and Reclamation Authority Supervisors	175	10 minutes	29 hours
Totals	375		62 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$3,322. A GS-11 step 5 OSMRE employee will send the surveys to students and their supervisors, requiring approximately 2 hours per year. Each response requires approximately 10 minutes for the employee to review and process upon receipt.

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.

Respondents are all State and Tribal regulatory and reclamation authority employees who have recently completed a training course offered by OSMRE’s National Technical Training Program, and their supervisors. Sampling is not conducted.

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

2. Will interviewers or facilitators be used? Yes No

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

INSTRUCTIONS

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 in minutes 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.