

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

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**TITLE OF INFORMATION COLLECTION:**

Evaluation of Environmental Collaboration and Conflict Resolution (ECCR) Services and Training by the DOI Office of Collaborative Action and Dispute Resolution (CADR)

**PURPOSE:**

The DOI Office of Collaborative Action and Dispute Resolution (CADR) is requesting approval to collect customer feedback to evaluate the effectiveness of ECCR services provided to participants involved in DOI’s environmental collaboration and conflict resolution processes and to individuals who receive ECCR-related training provided by the CADR Office.

ECCR is third-party assisted collaborative problem solving and conflict resolution in the context of environmental, public lands, or natural resources issues or conflicts, including matters related to energy, transportation, and water and land management. ECCR can be applied during policy development or planning in the context of a rulemaking, administrative decision-making, enforcement, or litigation. The intent of ECCR is to offer a cost-effective process to prevent, manage or resolve disputes and this customer feedback collection is designed to generate information to assess the effectiveness of ECCR services and ECCR-related training and whether those services and training are achieving the intended goals.

In order to work continuously to ensure that DOI’s programs are effective and meet its customers’ needs, DOI obtained OMB approval of a generic clearance to collect qualitative feedback on its service delivery. As discussed in the Supporting Statement for the approved DOI Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 1090-0011), qualitative feedback means information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. Qualitative feedback is necessary to enable the Agency to garner customer and stakeholder feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The information collected from our customers and stakeholders will help ensure that users have an effective, efficient, and satisfying experience with the Agency’s programs. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services.

Consistent with the Generic Clearance, DOI’s Office of Collaborative Action and Dispute Resolution (CADR) is requesting approval to collect customer feedback to evaluate the effectiveness of services provided to participants involved in DOI’s ECCR processes and to individuals who receive training provided by the CADR Office. The feedback the CADR Office is requesting approval to collect is qualitative as it is not statistical, and consists of customer satisfaction, the customer’s perceived benefit from using the CADR Office’s services, and issues or problems the CADR Office’s customers experienced.

Also consistent with the Generic Clearance, information gathered will be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency. Although the DOI CADR does not intend to publish its findings, DOI may receive requests to release the information (e.g., congressional inquiry, Freedom of Information Act requests). DOI will disseminate the findings when appropriate, strictly following the DOI's "Guidelines for Ensuring the Quality of Information Disseminated to the Public.", and will include specific discussion of the limitation of the qualitative results as discussed in the Supporting Statement for the approved DOI Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 1090-0011). Information gathered will not be used for the purpose of substantially informing influential policy decisions, and the collections are voluntary, low-burden, and non-controversial.

This ICR was developed jointly by DOI, U.S. Environmental Protection Agency (EPA) and the U.S. Army Corps of Engineers (USACE) and already approved by OMB for use by EPA.

**DESCRIPTION OF RESPONDENTS:**

Respondents under this ICR are individuals who have participated in an ECCR activity, such as facilitation, mediation, and consensus building, for themselves or on behalf of a private or governmental organization. In this Request for Approval the CADR Office is seeking customer feedback from participants in ECCR-related training.

**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.

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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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	20	8 mins	160
Private Sector	24	8 mins	192
State, Local, or Tribal Governments	20	8 mins	160
Federal Government	28	8 mins	224
<b>Totals</b>	<b>92</b>		<b>12.3 (hrs.)</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,000

**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.

Surveys will be provided to all participants in an ECCR process and ECCR-related training. Thus, there will be no statistical sampling.

**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 for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**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.