

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0953)

TITLE OF INFORMATION COLLECTION:

National Occupational Research Agenda (NORA) Agriculture, Forestry and Fishing (AgFF) Sector Council Feedback through a focus group with leaders

PURPOSE:

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback on the preferences and experiences of the NORA AgFF Sector Council members to better meet their needs and strengthen the partnership.

The NORA AgFF Sector Council is a partnership formed in 2007 to stimulate innovative research and improved workplace practices in agriculture, forestry, and fishing. It promotes partnerships across different organizations types such as industry, government, labor, nongovernmental and academia.

Since the second decade of NORA is ending, it is important to look at what worked and what areas need to be addressed to improve and sustain the partnership in the third decade of NORA. Feedback on the opinions, perceptions and experiences of the Working Group leaders related to their involvement with the Sector Council will be collected through an in-person focus group. The focus group will be conducted using a semi-structure guide with questions and probes related to the satisfaction of the members with leadership, sector council meetings, and structure and process of the council. In addition, the guide also cover questions related to the member’s perspective on their perceived impact of the Sector Council as well as general recommendations for improvement.

DESCRIPTION OF RESPONDENTS:

Respondents will be Sector Council full and corresponding members from industry, government, labor, academia and nongovernmental organizations.

TYPE OF COLLECTION: (Check one)

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

- Customer Satisfaction Survey
- Small Discussion Group
- Other: Key Informant

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: Noemi Avalos

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
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	No. of Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden Hours
Private Sector	1	1	2	2 hours
State, and local government	1	1	2	2 hours
Non-profits	1	1	2	2 hours
Academia	2	1	2	4 hours
Total				10 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$800. (Travel expenses including flight ticket and lodging).

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?

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”

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: The estimated of the annual cost to the Federal government is .

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.