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**Justification for an Information Collection under the U.S. Department of Agriculture, Forest Service’s Federal Lands Transportation Generic Clearance (OMB Control No. 0596-0236)**

**April 2015**

**Introduction: Federal Lands Transportation Generic Clearance Submission, OMB Control Number 0596-0236**

The Federal Lands Transportation Generic Clearance is intended to help Federal Land Management Agencies (FLMAs) measure visitors’ transportation-related experiences in order to improve on any transportation-related issues or problems and to promote planning across land units, regionally and nationally. Each FLMA (U.S. Forest Service (USFS), National Park Service (NPS), U.S. Fish and Wildlife Service (FWS), Bureau of Land Management (BLM), and U.S. Army Corps of Engineers (USACE)) has representatives on the planning team formed to establish the generic clearance.

A brief overview of the steps involved in submitting an Information Collection Request (ICR) is provided below. For more detailed information, along with a list of bureau/office contacts, please see the Best Practices and Guidance document developed specifically for this generic clearance [INSERT LINK].

1. If more than one bureau/office (e.g., FWS and BLM) is collaborating on an IC, the partners must select a “lead” bureau/office to spearhead the effort, along with a contact person from the lead bureau/office.
2. The Information Collection Clearance Officer (ICCO) from the lead bureau/office must review the ICR and provide feedback to the lead bureau/office contact.
3. After the ICCO review has been completed (including a review by the DOI Information Collection Clearance Coordinator), the ICCO must forward the ICR to the USDA Forest Service and copy the FLMA Generic Clearance Coordinator (for contact information, see: [INSERT LINK TO BEST PRACTICES]
4. After the Forest Service ICCO review, the USDA Departmental Clearance Officer submits the ICR to the OMB desk officer for the Forest Service via ROCIS.
5. The OMB desk officer reviews the ICR and provides comments. The lead bureau/office revises the ICR as necessary. Upon approval by OMB, a Notice of Action is issued.

**Instructions for Completing the Justification Form**

1. Information Collection (IC) Title/Date Submitted to the U.S. Department of Agriculture (USDA) Forest Service, Office of Regulatory and Management Services: Insert title for the proposed IC (e.g., survey, focus group, comment card, etc.). Insert date that the expedited approval package will be submitted to Forest Service. Reminder: Please submit the package through the lead bureau/office Information Collection Clearance Officer and copy the FLMA Generic Clearance Coordinator.
2. Lead Bureau/Office: Insert the name of the lead bureau/office conducting the survey.
3. Abstract: Summarize the proposed study with an abstract not to exceed 150 words.
4. Bureau/Office Point of Contact Information: Complete the bureau/office contact information. Forest Service will communicate with OMB initially and then direct them to the point of contact listed here (and to the IC Clearance Officer listed in #6 below) throughout the remainder of the approval process. Forest Service should be included on any correspondence pertaining to this IC.
5. Principal Investigator (PI) Conducting the IC: Complete information about the PI who will be conducting the IC, if different than Point of Contact listed in #4. Otherwise note: Same as #4.
6. Lead bureau/office IC Clearance Officer Reviewing the IC: Provide the name and contact information for the ICCO from the lead bureau/office who reviewed the IC.
7. Description of population/potential respondents: Provide a brief description of the population/potential respondents from whom the information will be collected.
8. IC Dates: List the time period in which the IC will be conducted, including specific starting and ending dates. The starting date should be at least *45* days after the submission date. The request for expedited approval, and submission of a complete and accurate approval package, must be made at least *45* calendar days prior to the first day the PI wishes to begin the IC.
9. Type of IC Instrument: Check the type(s) of information collection instrument(s) that will be used. If other, please explain.
10. Data Collection Instrument: Explain how the data collection instrument (e.g., survey, interview guides, discussion guides, etc.) was developed. With whom did you consult during the development on content? Who were the social science and/or statistical experts who reviewed the instruments? How did you address any concerns raised or improvements suggested? Did you pretest the data collection instrument? If yes, how did you address any concerns raised or improvements suggested? (Note: A description of any pre-testing and peer review of the methods and/or instrument is highly recommended.)
11. Which of the five topic areas from the Compendium of Questions will be addressed in your IC? Check all that apply. For each question in your survey (or discussion guide or comment card), please indicate the Compendium Topic Area and the unique question identifier from the Compendium. For any questions that are not taken from the Compendium, please indicate “NEW” in the table.

Sample table:

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| **Survey Question Number** | **Compendium Topic Area** | **Compendium Question Identifier** |
| Q1 | #1- Respondent characteristics | GROUP1 |
| Q2 | #1- Respondent characteristics | VHIS7 |
| Q3 | #2 Traveler Information | TINFO1 |
| Q4 | #2 Traveler Information | NEW |
| Etc. |  |  |

1. Methodology: Explain how the IC will be conducted. Provide a description of the methodology including: (a) How will the users/visitors be sampled? (if fewer than all users/visitors will be surveyed); (b) What percentage of users/visitors asked to participate will respond, and (c) What actions are planned to increase the response rate? If statistics are generated, this description must be specific and include each of the following:

- The respondent universe,

- The sampling plan and all sampling procedures;

- How the instrument will be administered;

- Expected response rate and confidence levels;and

- Strategies for dealing with potential non-response bias.

Note: Web-based surveys are not an acceptable method of sampling a broad population. If a survey is completely web-based, it must be limited to services provided by the web site. However, it is appropriate to use web-based surveys in combination with other methods, such as an in person intercept.

13. Total Number of Initial Contacts and Expected Number of Respondents**:** Provide an estimated total number of initial contacts and the total number of expected respondents.

14. Estimated Time to Complete Initial Contact and Time to Complete Survey Instrument**:** Estimate the time to complete the initial contact and the time to complete the information collection (e.g., survey, comment card, focus group, etc.)(in minutes).

15. Total Burden Hours**:** Provide the total number of burden hours. The total burden hours should account for the amount of time required to instruct the respondents and the amount of time required for the respondent to complete the survey (or other data collection mechanism).

16. Reporting Plan**:** Provide a brief description of the reporting plan for the data being collected.

17. Justification, Purpose and Use**:**  Provide a brief justification for the information collection, its purpose, goals, and utility to managers. Specifically, describe how data will be tabulated and what statistical techniques will be used to generalize the results to the entire user population. Describe how data from the survey will be used. Describe how you will acknowledge any limitations related to the data, particularly in cases where we obtain a lower than anticipated response rate. Note whether or not the information collection is intended to measure a Government Performance and Results Act (GPRA) performance measure.

**Instructions for Checklist**

Review the checklist to ensure you have met the requirements for submission and that your approval package includes the required items.

**Instructions for Certification Form**:

Complete the Form and include the names of those who certify that the Justification Form meets the requirements of the generic clearance (OMB control number 0596-0236).

Justification for Submission under Federal Lands Transportation Generic Clearance (OMB Control Number 0596-0236)

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| **U.S. Department of Agriculture-Forest Service**  Office of Regulatory and Management Services | Forest Service Tracking Number: (for internal use only) |

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|  | | | Date Submitted to Forest Service/USDA: |  |
| 1. | **IC Title:** |  | | |
| 2. | **Bureau/Office:** |  | | |

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| 3. | **Abstract:** (not to exceed 150 words) |
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| **4.** | **Bureau/Office Point of Contact Information** | | | | | | | | | | | | | | | | | | | |
|  | **First Name:** | | |  | | | | | | | | | | | | | | | | |
|  | **Last Name:** | | |  | | | | | | | | | | | | | | | | | | |
|  | **Title:** | | |  | | | | | | | | | | | | | | | | |
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|  | **Bureau/Office:** | | |  | | | | | | | | | | | | | | | | | | |
|  | **Street Address:** | | |  | | | | | | | | | | | | | | | | |
|  | **City:** | | |  | | | **State:** | | | | |  | | | | **Zip code:** | | |  | |
|  | **Phone:** | | |  | | | | **Fax:** | | | | |  | | | | | | | |
|  | **Email:** | | |  | | | | | | | | | | | | | | | | |
| **5.** | **Principal Investigator (PI) Information [If different from #4]** | | | | | | | | | | | | | | | | | | | |
|  | **First Name:** | | |  | | | | | | | | | | | | | | | | |
|  | **Last Name:** | | |  | | | | | | | | | | | | | | | | |
|  | **Title:** | | |  | | | | | | | | | | | | | | | | |
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|  | **Bureau/Office:** | | |  | | | | | | | | | | | | | | | | |
|  | **Address:** | | |  | | | | | | | | | | | | | | | | |
|  | | **City:** | |  | | | | | **State:** | | | | |  | | | **Zip code:** | | |  | |
|  | **Phone:** | | |  | | | **Fax:** | | | | | |  | | | | | | | |
|  | **Email:** | | |  | | | | | | | | | | | | | | | | |
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| **6.** | **Lead agency IC Clearance Officer Reviewing the IC:** | | | | | | | | | | | | | | | | | | | |
|  | **First Name** | | | |  | | | | | | | | | | | | | | | |
|  | **Last Name** | | | |  | | | | | | | | | | | | | | | |
|  | **Title** | | | |  | | | | | | | | | | | | | | | |
|  | **Phone** | | | |  | | | | | | | | | | | | | | | |
|  | **Email** | | | |  | | | | | | | | | | | | | | | |
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| **7.** | **Description of Population/Potential respondents** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **8.** | **IC Dates** | | | | *(mm/dd/yyyy)* | | | | | to | | | | | *(mm/dd/yyyy)* | | | | | |
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| **9.** | **Type of Information Collection Instrument (Check ALL that Apply)** | | | | | | | | | | | | | | | | | | | |
| **\_\_Intercept** | | | **\_\_Telephone** | | **\_\_Mail** | **\_\_Web-based** | | | | | **\_\_Focus Groups** | | | | | | | **\_\_Comment Cards** | | |
| **\_\_Other** | | | **Explain:** | | | | | | | | | | | | | | | | | |  | | |

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| **10. Instrument Development:**  (Who assisted in content development? Statistics? Was the instrument pretested? How were improvements integrated?) | | | |
| **11. Which of the five areas from the Compendium of Questions will be addressed in your IC?** (Check all that apply)**.** .   * Topic Area #1: Respondent characteristics * Topic Area #2: Traveler Information * Topic Area #3: Trip behaviors * Topic Area #4: Assessment of Visitor Experiences and Transportation-Related Facilities, Conditions, and Services * Topic Area #5: Economic Impact and Visitor Spending/Costs   **In addition, for each question in your survey instrument (or discussion guide, comment card, etc), please indicate the Compendium Topic Area and the unique question identifier from the Compendium. If the question is not taken from the Compendium, indicate “NEW”.** See the instructions for a sample table. | | | |
| **12. Methodology:**  (Use as much space as needed; if necessary include additional explanation on separate page). | | | |
| **Respondent Universe** | |  | |
| **Sampling Plan/Procedure** | |  | |
| **Instrument Administration** | |  | |
| **Expected Response Rate and Confidence Levels** | |  | |
| **Strategies for dealing with potential non-response bias** | |  | |
| **Description of any pre-testing and peer review of the methods and/or instrument (recommended)** | |  | |
|  | | | |
| **13.** | **Total Number of Initial Contacts and Expected Number of Respondents** | |  |
| **14.** | **Estimated Time to Complete Initial Contact and Time to Complete Instrument** | |  |
| **15.** | **Total Burden Hours**  **Contacts**  **Respondents**  **-----------------**  **Total** | |  |
| **16. Reporting Plan:** | | | |

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| **17. Justification, Purpose, and Use:** | |
| **IC Justification and Purpose** |  |
| **IC Goals** |  |
| **Utility to Managers** |  |
| **How will the results of the IC be analyzed and used?** |  |
| **How will the data be tabulated? What Statistical Techniques will be used to generalize the results to the entire customer population? How will limitations on use of data be handled? If the survey results in a lower than anticipated response rate, how will you address this when reporting the results?** (Use as much space as needed; if necessary include additional explanation on separate page). | |
| **Is this survey intended to measure a Government Performance and Results Act (GPRA) performance measure? If so, please include an excerpt from the appropriate document.** (Use as much space as needed; if necessary include additional explanation on separate page). | |

**Checklist for Submitting a Request to Use USDA-Forest Service Federal Lands Transportation Generic Clearance**

* *All* questions in the survey instrument are within the scope of one of the USDA-Forest Service Generic Clearance topic areas (see Compendium of Questions).
* The approval package is being submitted to the Forest Service Office of Regulatory and Management Services at least *45* days prior to the first day the PI wishes to administer the IC to the public.
* [IF SURVEY] A qualified statistician has reviewed and approved your request.
* Your bureau/office Information Collection Clearance Officer has reviewed and approved the approval package.
* When you forward the approval package to USDA Forest Service, copy the FLMA Generic Clearance Coordinator

The approval package includes:

* A completed Justification
* A signed Certification Form
* A copy of the survey instrument
* Other supporting materials, such as:
  + Cover letters to accompany mail-back questionnaires
  + Introductory scripts for initial contact of respondents
  + Necessary Paperwork Reduction Act compliance language
  + Follow-up letters/reminders sent to respondents

The survey methodology presented in the Justification includes a specific description of:

* The respondent universe
* The sampling plan and all sampling procedures, including how respondents will be selected
* How the instrument will be administered
* Expected response rate and confidence levels
* Strategies for dealing with potential non-response bias
* A description of any pre-testing and peer review of the methods and/or the instrument is highly recommended.
* The burden hours reported in the Justification include the number of burden hours associated with the initial contact of all individuals in the sample (i.e., including refusals), if applicable, and the number of burden hours associated with individuals expected to complete the survey instrument.
* The package is properly formatted (Word) and submitted to the Office of Regulatory and Management Services electronically.

**Certification Form for** **Submission Under OMB Control Number 0596-0236**

This form should only be used if you are submitting a collection of information for approval under the USDA-Forest Service Federal Lands Transportation Generic Clearance.

*If the collection does not satisfy the requirements of the Generic Clearance, you should follow the regular PRA clearance procedures described in 5 CFR 1320.*

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| 1. Bureau/Office | | | | | | | |
| 1. IC Title *(Please be specific)* | | | | | | | |
| 1. Estimated Number 2. Contacts 3. Respondents | |  | Time per Response  Contacts  Respondents | | | |  |
|  | |  | Total Burden Hours  Contacts  Respondents  -----------------  Total | | | |  |
| 1. Bureau/Office Contact (who can best answer questions about content of the submission): | | | | | | | |
| 1. Name |  | | | Phone |  | | |
|  | | | | | | | |
| 1. **Certification: The collection of information requested by this submission meets the requirements of OMB control number 0596-0236** | | | | | | | |
| 1. Bureau/Office Qualified Statistician | | | | | | DATE | |
| 1. Bureau/Office Information Collection Clearance Officer | | | | | | DATE | |
| 1. Forest Service, Office of Regulatory and Management Services | | | | | | DATE | |