

Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0923-0047)

TITLE OF INFORMATION COLLECTION: PFAS Exposure Assessment Technical Tools (PEATT) Feedback

PURPOSE: NCEH/ATSDR is offering a technical guidance document, titled "PFAS Exposure Assessment Technical Tools (PEATT)," to interested stakeholders. The PEATT is a collection of resources and technical tools developed for states to use to characterize community exposures to polyfluorinated alkyl substances (PFAS), chiefly through contaminated drinking water.

NCEH/ATSDR leadership is seeking feedback on stakeholder experiences using the PEATT. The feedback gained will be used to refine and improve the PEATT and will NOT be used in any publication nor used to influence policy decisions.

DESCRIPTION OF RESPONDENTS: Upon request, PEATT is distributed by NCEH/ATSDR via email to PFAS stakeholders, who are state/local health departments. This feedback request will be sent via email to the 40 PFAS stakeholders who have requested a copy of the PEATT.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>Email Request</u> |

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: *Leah DeCaulte, Acting Cooperative Agmt Coord.*

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
 - a. The respondents are representatives from state/local health departments who are acting in their official capacity, and not as private citizens. No PII will be collected.
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
State/Local Health Departments	40	10/60 minutes	7 hours
Totals			7 hours

BLS Occupational Employment and Wages, May 2016 for 19-2041 Environmental Scientists and Specialists, Including Health at <https://www.bls.gov/oes/current/oes192041.htm>. Mean hourly wage is \$33.13; therefore, cost burden is \$231.91 (\$33.13 x 7).

FEDERAL COST: The estimated annual cost to the Federal government is \$146.67. This cost is based on 3 hours of a GS-13 Step 5 equivalent FTE's time to email stakeholders that have requested and received the PEATT from NCEH/ATSDR (\$48.89 x 3 = \$146.67) and to compile the results. See https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/ATL_h.pdf.

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?

NCEH/ATSDR has a list of 40 state/local health departments that participate as interested stakeholders in agency PFAS workgroups. Copies of PEATT are provided upon request.

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: Email Request for Information
2. Will interviewers or facilitators be used? Yes No

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

Attachment A. PFAS Exposure Assessment Technical Tools (PEATT) Feedback Email
 Attachment B. PFAS Exposure Assessment Technical Tools (PEATT), May 2017

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.