

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

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**TITLE OF INFORMATION COLLECTION:** Post-Meeting Survey of attendees at the 2018 Environmental Public Health Tracking Grantee Workshop

**PURPOSE:**

The purpose of this data collection request is to collect feedback on the Environmental Public Health Tracking (EPHT) Grantee workshop that was held May 8-10, 2018.

The National Environmental Public Health Tracking Program collects, integrates, and analyzes non-infectious disease and environmental data from a nationwide network of partners. The purpose of this Program is to deliver information and data to protect the nation from health issues arising from or directly related to environmental factors.

The proposed information collection consists of a survey designed to collect feedback from EPHT awardees regarding their satisfaction with the 2018 EPHT Grantee workshop. The workshop was held in order to provide face-to-face opportunities for cooperative agreement recipients and national partners to discuss the ongoing implementation and maintenance of the national and state networks and chart the future direction of the Tracking Program.

**DESCRIPTION OF RESPONDENTS:**

In total, there were 154 attendees at the 2018 Tracking workshop. The online survey questionnaire (Attachment B) will be offered to all meeting attendees, consisting of EPHT funded grantees as well as Federal Employees. Of the 154 attendees, 109 were not Federal Employees (State, NGO, or their contracted employees).

**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: \_\_\_\_\_

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	Participation Time	Burden
Meeting Attendees (non-Federal grantees and stakeholders)	109	5/60	9 hours
Meeting Attendees (Federal stakeholders)	45	5/60	4 hours
<b>Totals</b>			<b>13 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$145.00. This cost reflects approximately 4 hours of salary (GS-13 equivalent) for one staff person to design and implement the survey, and draft an internal report of results.

**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?

All workshop attendees will be surveyed; there will be no sampling plan for selecting from this group. The program has a list of email addresses of all workshop attendees and will use this list to send the survey invitation email (Attachment A).

**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 [ X ] No

The program will use SurveyMonkey® to collect online responses. The use of SurveyMonkey® has been reviewed and approved to be compliant with HHS IT security standards.

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

The following attachments are included:

Attachment A: Email invite for 2018 Tracking Workshop Feedback

Attachment B: 2018 Tracking Workshop Post Survey\_screenshot

Attachment C: 2018 Tracking Workshop Post Survey\_text