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

TITLE OF INFORMATION COLLECTION: NCEH/ATSDR Office of Science Regulatory Team Customer Satisfaction Survey

PURPOSE: The purpose of this information collection is to collect feedback from staff within NCEH/ATSDR on the regulatory services provided by the NCEH/ATSDR Office of Science (OS) Regulatory team. The proposed information collection consists of a survey designed to assess: 1) overall satisfaction with services provided by the Regulatory team; 2) overall satisfaction with OS turnaround time for requests; 3) regulatory training needs and preferred mode of training; 4) satisfaction with the current OS Regulatory team intranet site and resources available on the site; and 5) NCEH/ATSDR staffs' primary source of support for human subjects and Office of Management and Budget (OMB) Paperwork Reduction Act (PRA) related issues. Information collected from the survey will be used to improve the services provided by the OS Regulatory team and to customize desired regulatory training for each division within NCEH/ATSDR.

DESCRIPTION OF RESPONDENTS: The online survey questionnaire will be offered to all federal employees, contractors, fellows, and staff within NCEH/ATSDR who have worked with the NCEH/ATSDR Office of Science Regulatory team within the past 1 year.

[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software) [] Focus Group	[X] Customer Satisfaction Survey [] Small Discussion Group [] Other:
CERTIFICATION:	
 I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents and The collection is non-controversial and does no agencies. The results are not intended to be disseminated Information gathered will not be used for the pupolicy decisions. The collection is targeted to the solicitation of control experience with the program or may have experience 	to the public. urpose of substantially informing influential opinions from respondents who have
Name:	

Personally Identifiable Information:

TYPE OF COLLECTION: (Check one)

1. Is personally identifiable information (PII) collected? [] Yes [X] No

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

2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [X] No

3. If Applicable, has a System or Records Notice been published? [] Yes [X] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

We expect an 80% response rate for the online survey questionnaire.

Category of Respondent	No. of	Participation	Burden
	Respondents	Time	
Federal government employees	50	15/60	12.5 hrs
Contractors/Fellows	20	15/60	5 hrs
Totals	70		17.5 hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$188. This cost reflects approximately 5 hours of salary for one staff person to: 1) design and implement the survey; and 2) draft an internal report of results.

The annual cost associated with respondent burden hours is approximately \$858.

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 [X] 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?

An email (Attachment A) will be sent to the Associate Director of Science (ADS) for each of the five divisions within NCEH/ATSDR (see below). The email will request that the ADS distribute the respondent email invitation (Attachment B) to staff within their division who have used regulatory services offered by the OS Regulatory team.

NCEH/ATSDR Associate Directors of Science:

Division of Laboratory Sciences – Jerry Thomas

Division of Community Health Investigations – Tina Forrester

Division of Toxicology and Human Health Sciences – Lina Balluz

Division of Emergency and Environmental Health Services – Helen Schurz-Rogers

Division of Environmental Hazards and Health Effects – Josephine Malilay

Administration of the Instrument

1.	How will you collect the information? (Check all that apply)
	[X] Web-based or other forms of Social Media
	[] Telephone
	[] In-person
	[] Mail
	[] Other, Explain
2.	Will interviewers or facilitators be used? [] Yes [X] No
has	rveyMonkey [®] will be used to collect the online survey responses. The use of SurveyMonkey [®] s been reviewed and approved to be compliant with HHS IT security standards. An IT surity plan is in place for this application.
	ease make sure that all instruments, instructions, and scripts are submitted with the quest.
Th	e following attachments are included:
Atı	tachment A – ADS Email Request Letter
	tachment B – Respondent Email Invitation
	tachment C – NCEH/ATSDR OS Regulatory Team Customer Satisfaction Survey (text)
	tachment D – NCEH/ATSDR OS Regulatory Team Customer Satisfaction Survey (online)

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.		