

**Request for Approval under the “Fast Track Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0584-0611)**

**TITLE OF INFORMATION COLLECTION:** USDA Foods E-Letter Feedback Survey

**PURPOSE:** The USDA Food and Nutrition Service, Food Distribution Division launched a monthly e-newsletter in February 2015. The e-letter is distributed via email through GovDelivery to those who subscribe to receive it. We alternate between sending out a general e-letter and program specific e-letters to those working with USDA Foods in child nutrition programs, the Commodity Supplemental Food Program (CSFP), The Emergency Food Assistance Program (TEFAP), and the Food Distribution Program on Indian Reservations (FDPIR). The purpose of this survey is to learn more about our subscribers and the types of news and resources they are interested in reading about in the e-letter. This feedback will allow us to ensure we are including content that is relevant and interesting as we seek to improve communication with program stakeholders.

**DESCRIPTION OF RESPONDENTS:** The survey will be distributed via GovDelivery to everyone who is signed up to receive the USDA Foods from Farm to Plate e-letters. The email announcing the survey will contain a link to the survey in Wufoo, which respondents can fill out and submit at their convenience. Participation in the survey is voluntary.

**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: Lindsay Williams

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Sensitive Information:**

- 1. Will sensitive information, such as demographic characteristics, be collected from respondents?  
 Yes  No
  
- 2. If yes, explain the necessity of such information to the programmatic objective(s)?

**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
Individuals	812	10 minutes	135.3
Businesses	811	10 minutes	135.2
State, Local, Tribal Gov't	811	10 minutes	135.2
Federal Government	811	10 minutes	135.2
<b>Totals</b>	<b>3,245</b>	<b>10 minutes</b>	<b>541</b>

\*Note: E-Letter Subscribers include (1) Individuals; (2) Businesses; (3) State, local, or tribal governments; and (4) Federal Government. We do not know what percentage of our subscribers falls into each of those categories; learning more about our audience is among the survey’s goals. We have used an estimate of 25% in each category.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$350.

**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
  
- 2. 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?

The survey will be distributed to everyone signed up to receive our e-letters via GovDelivery. Recipients may decide whether or not they would like to offer their feedback through this survey. Based on the rate at which subscribers open our e-letters, we estimated a 15% survey response rate.

**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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**SENSITIVE INFORMATION:** If you answer yes to the question, please describe the nature of the sensitive information being collected (e.g., race, sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private) and provide a justification for its use.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Businesses (i.e., Profit, Not for Profit, and/or Farms); (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**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.

**Submit all instruments, instructions, and scripts are submitted with the request.**