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

TITLE OF INFORMATION COLLECTION: Comment Card for Soliciting Feedback on FNS Office of Food Safety Fitness Training

PURPOSE:

The purpose is to collect feedback from participants of a new Food Safety Fitness Training designed to meet the food safety training needs despite technology limitations experienced by school nutrition professionals in rural and remote school districts.

DESCRIPTION OF RESPONDENTS:

The respondents will be those who voluntarily participated and received free, federally-funded food safety training. School nutrition professionals in school districts that operate the National School Lunch Program (NSLP) are eligible for the training.

All training participants will be invited to voluntarily fill out a comment card.

TYPE OF COLLECTION: (Check one)

[X] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group
[ ] Focus Group [ ] 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: Amy Schober

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

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals or Households	250	3 minutes	12.5
Totals			**12.5**

FEDERAL COST: The estimated cost is $400

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

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?

Respondents will be individuals who have completed the FNS Office of Food Safety training modules. The training is voluntary and new, so it will be a self-selecting group of an unknown size. The number of people who will participate in the training is currently unknown and the first 250 people who participate in the training will be sent the postcard.

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
      [X] Mail
      [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] 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 with the request. Ensure the OMB Control Number/Expiration date and the burden disclosure statement appear on each instrument as noted below:

- The OMB Control Number and Expiration date should appear on the first page of the instrument, usually in the upper right corner. This applies to paper and online instruments. It also applies to all recruiting materials, advance letters, follow-up materials, etc. The format to use for the OMB Control Number and Expiration date is:

<div align="right">

OMB Number: 0584-0611
Expiration Date: 09/30/2019

</div>

- The Disclosure Statement should appear on the first page of the instrument, usually centered at the bottom. This applies to paper and online instruments. The burden estimate inserted in the statement should match the burden estimate included in the Burden Table. The text to use for the Disclosure Statement is:

  According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0611. The time required to complete this information collection is estimated to average [insert time] minutes [or hours] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.