

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

TITLE OF INFORMATION COLLECTION: Feedback for 2018 Place & Health conference

PURPOSE:

The CDC/ATSDR Geospatial Research, Analysis & Services Program (GRASP) provides leadership and expertise in the application of the concepts, methods, and tools of geography and geospatial information science to public health research and practice. GRASP provides GIS mapping, analysis, and technology services and support to stakeholders both within and outside of CDC. The Geography and Geospatial Science Working Group (GeoSWG) also works to share best practices and knowledge in these fields. GRASP and GeoSWG work together to share knowledge related to geospatial science in the field of public health.

The 2018 Place & Health Conference (formerly GIS Day) is an annual event that will be hosted by GeoSWG in November 2017. The Place & Health Conference provides researchers from CDC, local governments, and Atlanta area universities a chance to showcase their work through posters, brief lightning talks, or technical presentations.

Feedback will be obtained from attendees using an electronic survey form using SurveyMonkey as a collection tool (See Attachments A and B). The purpose of this information collection is to gather information needed for the improved coordination of the 2018 Place & Health Conference (formerly GIS Day) and to increase the visibility of that event. The information collected will be used to learn from the success and opportunities from the event, identify areas to improve and grow the event, and ways to help with event planning for next year.

By knowing which previous Place & Health Conference events were enjoyed and which could be improved upon will help the planning committee tailor next year’s event to maximize participant satisfaction. Higher satisfaction will, hopefully, not only improve the visibility of GIS and GRASP at CDC, but also increase attendance at future Place & Health Conferences.

DESCRIPTION OF RESPONDENTS:

Respondents will be GIS stakeholders from both within and outside of CDC who have attended the 2018 Place & Health Conference. This includes individuals interested in geospatial technology/methodology, such as CDC researchers, CDC administrators, academia, students, and local governmental officials and employees.

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: Event feedback form. _____ |

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 [X] 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 [X] No

Survey responses will be anonymous via an online survey tool (SurveyMonkey.com). No email, name, or other identifying information will be collected or stored.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Event attendee	100	5 min	8
Totals	100	5 min	8

FEDERAL COST: The estimated annual cost to the Federal government is \$300

This cost reflects approximately 8.3 hours of salary for one staff person (GS-11 equivalent) to take the survey. 8.3 hours x \$36/hour = \$300

<https://www.fedweek.com/pay-tables/2018-gs-pay-table-atlanta-athens-clarke-county-sandy-springs-ga-al/>

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?
[X] 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?

The list will be provided from those who register, attend, and sign into the 2018 Place & Health Conference.

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

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.

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.