

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)**

---

**TITLE OF INFORMATION COLLECTION:** Collecting Customer Feedback from CDC-Funded Community Based Organizations about Rapid Feedback Reports

**PURPOSE:**

The Community Based Organization (CBO) Monitoring and Evaluation Team (CMET) is seeking feedback about Rapid Feedback Reports (RFRs) from grantees funded through CBO notice of funding opportunities PS17-1704 and PS15-1502. RFRs are an essential tool in tracking key performance indicators of funded programs and recipients. Developed biannually by CMET, the RFR is used by Notice of Funding Opportunity (NOFO) recipients, Prevention Program Branch (PPB) Project Officers, PPB Leadership, and Division of HIV/AIDS Prevention (DHAP) Leadership. RFRs present the following three key indicators: number of tests, number of newly identified HIV-positive persons found, and newly identified persons linked to HIV medical care. These data are presented in aggregate and stratified by CBO. RFRs help grantees and CDC to determine where to focus capacity-building and quality improvement efforts and spur improved performance to help meet NOFO goals. Feedback from this assessment will provide insight into how CBO grantees are using RFRs, how satisfied grantees are with the reports, and how these reports can be enhanced to better fit grantees’ needs. This web-based assessment will accompany the RFR, which is disseminated to grantees biannually.

**DESCRIPTION OF RESPONDENTS:**

The customer feedback assessments will be sent to the executive directors and program managers at all 119 CDC-funded CBOs across the US and Puerto Rico (Notice of Funding Opportunities PS15-1502 and PS17-1704). The assessment will be sent as a link in the text of the email that is sent with the rapid feedback report (RFR) to the CBO executive directors and program managers.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Assessment |
| <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: Gary Uhl

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  N/A
3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**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	Cost
CBO Staff	238	10 minutes	39.67 hours	\$829.10
<b>Totals</b>	<b>238</b>	<b>10 minutes</b>	<b>39.67 hours</b>	<b>\$829.10</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1775.50. One federal staff person (GS12 step 1) will oversee the OMB process, serve as the point of contact for report feedback process, develop and lead the feedback collection process, and participate in the analysis of feedback results (40 hours). One additional federal staff person (GS14, step 10) will assist in the analysis of results (10 hours).

A GS12, step 1 hourly basic is \$30.47 for a total of \$1218.80 for 40 hours. A GS14, step 10 hourly basic is \$55.67 for a total of \$556.70 for 10 hours. Total federal cost is \$1775.50. (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/>)

A Community Health Worker earns \$20.90 per hour. Multiplied by the annual burden (39.67 hours), this amounts to \$829.10. (<https://www.bls.gov/ces/>)

**If you are conducting a focus group, assessment, 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?

Universe of potential respondents: Executive directors or program managers at CDC-funded CBOs, specifically PS15-1502 and PS17-1704. The existing list is maintained by the Prevention Program Branch in DHAP.

Sampling plan: Sampling will not be used. Each executive director and program manager that receives the RFR will also receive a link to the customer feedback assessment.

### **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. Include discussion of recruitment/contact method, consent, etc. 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 assessment 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, assessment, 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 assessments) or facilitators (e.g., for focus groups) used.

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