# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2010-0042)

**TITLE OF INFORMATION COLLECTION:** Participant Evaluation of the October 13, 2016 Introduction to the Toxics Release Inventory Webinar.

**PURPOSE:** The purpose of this webinar is to provide basic information related to the TRI Program, how to find TRI data for a specific community or other geographic location, how TRI can help promote pollution prevention, and what TRI can tell you about chemical hazards and risks. The webinar offers limited time for questions, and so this post-webinar survey provides the means for attendees to provide feedback and suggest topics for future webinars.

### **DESCRIPTION OF RESPONDENTS:**

The respondents for the information collection include webinar participants from diverse backgrounds, including federal, state, local, and tribal government agencies, academia, non-profit organizations, concerned citizens, industry, technical and legal consulting firms, and international organizations.

TYPE OF COLLECTION: (Check one)				
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software) [ ] Focus Group				
CERTIFICATION:				
<ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is low-burden for respondents and</li> <li>The collection is non-controversial and does no agencies.</li> <li>The results are not intended to be disseminated</li> <li>Information gathered will not be used for the pupolicy decisions.</li> <li>The collection is targeted to the solicitation of cexperience with the program or may have experience</li> </ol>	traise issues of concern to other federal to the public. urpose of substantially informing influential opinions from respondents who have			
Name:Guy Tomassoni 10/4/16				
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 [x] No

<b>Gifts or Payments:</b> 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		
Webinar participants from categories identified above.	100 (20% of total anticipated webinar participants)	5 minutes per evaluation	500 mins. or 8.3 hours		
Totals	100	5 minutes per	8.3 HOURS		
<ul> <li>FEDERAL COST: Estimated at \$367.36 to evaluate information collected. Based on:         <ul> <li>4 hours (to evaluate results) x \$57.40 (assuming GS13, Step 10) = \$229.60 plus \$137.76 (60% for overhead of total \$229.60) = \$367.36</li> </ul> </li> <li>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:         <ul> <li>The selection of your targeted respondents</li> </ul> </li> <li>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?</li></ul>					
If the answer is yes, please provide a description the answer is no, please provide a description respondents and how you will select them?		· -	<b>-</b> -		
There will be approximately 500 webinar parties the webinar evaluation to fill out and submit rate.		-			

## 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 (see above)

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.					