## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” OMB Control Number: 0596-0226

**TITLE OF INFORMATION COLLECTION:** Web-based survey for soliciting feedback on ForMAP

**PURPOSE:**

A Web-based survey for soliciting feedback on the ForMAP suite of S&PF program accomplishment reporting tools including the Stewardship Mapping and Report Tool (SMART), the Landscape Scale Restoration project accomplishment reporting tool (LaSR), and the Forest Health project accomplishment reporting tool (ForHealth). The feedback will help us determine how to better support our user community as we collectively work to show the impact of State & Private Forestry investments nationwide.

**DESCRIPTION OF RESPONDENTS**:

Respondents will include US Forest Service and state agency personnel as well as members of the public who use the ForMAP suite of tools to report accomplishments.

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

[ ] Customer Comment Card/Complaint Form [**X**] 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:\_\_\_\_Tom Luther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden Hrs** |
| State | 658 | 10 minutes | 110 |
| Private | 70 | 10 minutes | 12 |
| **Totals** | **728** |  | **122** |

**FEDERAL COST:** The estimated annual cost to the Federal government is\_\_\_$1500\_\_\_\_\_\_

**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?

Customer list attached. The invitation to participate in the survey will be sent to all customers, however, participation is voluntary.

**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

1. Will interviewers or facilitators be used? [ ] Yes [**X**] No

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