DI-4010 (Rev. 07/2018)
U.S. Department of the Interior

OMB Control. No. 1040-0001
Expiration Date 10/31/2021

JUSTIFICATION FOR SUBMISSION UNDER THE "DOI PROGRAMMATIC CLEARANCE FOR CUSTOMER SATISFACTION SURVEYS"

See Page 5 for Instructions on Completing This Form

1. Bureau/Office	**2. Date Submitted**
US Fish and Wildlife Service	10/16/2018

3. Survey Title

Improving the Partners for Fish and Wildlife Program to Ensure Longevity of Voluntary Conservation Efforts

4. Abstract *(Not to exceed 150 words)*

The Partners for Fish and Wildlife (Partners) Program of the U.S. Fish and Wildlife Service (Service) delivers fish and wildlife conservation by supporting voluntary habitat restoration through financial and technical assistance to private landowners. To better meet the needs of private landowners, a mailed survey will be sent to past participants in the Partners Program. The survey will follow Dillman's (2014) "Tailored Design Method" and will obtain information on the following from past participants:

- satisfaction with the Partners Program
- retention of conservation practices
- conservation behavior as a result of Partners Program participation
- factors that encourage participants to work with the Partners Program
- how participants' involvement in the Partners Program relates to continued environmental stewardship.

5. Bureau/Office Point-of-Contact Information

First Name		**Last Name**		
Brad		Milley		
Title		**Bureau/Office**		
Social Scientist		Human Dimensions Branch, Natural Resource Program Center		
Mailing Address		**City**	**State**	**Zip Code**
1201 Oakridge Dr., Ste. 320		Fort Collins	CO	80525
Phone	**Fax**	**Email**		
(970) 266-2998 ■ Work ☐ Cell		brad_milley@fws.gov		

6. Principal Investigation (PI) Point-of-Contact Information

First Name		**Last Name**		
Jerry		Vaske		
Title		**Bureau/Office**		
Professor		Dept. of Human Dimensions of Natural Resources, CSU		
Mailing Address		**City**	**State**	**Zip Code**
1480 Campus Delivery		Fort Collins	CO	80523-1480
Phone	**Fax**	**Email**		
(970) 491-2360 ■ Work ☐ Cell	(970) 491-2255	jerry.vaske@colostate.edu		

7. Name of Program or Office Conducting Survey

Colorado State University

8. Description of Customers and Services Provided

Past participants in the Partners program

9. Survey Dates

(mm/dd/yyyy)		*(mm/dd/yyyy)*
01/04/2018	to	01/31/2019

10. Type of Information Collection Instrument (*Check ALL that Apply*)

☐ Intercept ☒ Telephone ☒ Mail ☐ Web-based ☐ Comment Cards

☐ Focus Groups ☐ Other: *(Explain)*

11. Survey Development (*Who assisted in survey content development statistics? Was the survey pretested? How did you integrate improvements? Which of the six topic areas did you address?)*

Who assisted in survey content development statistics? U.S. Fish and Wildlife Service and Colorado State University
Was the survey pretested? Yes
How were improvements integrated? Suggested revisions were incorporated into the survey
Which of the six topic areas will be addressed?) #1-Delivery, quality and value of products, information and services; #2-Management practices; #3-Mission management; and #6-General demographics

12. Survey Methodology (*Use as much space as needed; if necessary, include additional explanation on separate page.)*

12A. Respondent Universe

There were 450 past participants in the Partners Program who conducted either riparian, upland, or wetland projects between 2001 and 2006 in the US Fish and Wildlife Service's Northwest and Southwest Regions.

12B. Sampling Plan/Procedure

Contact 450 landowners who participated with Partners Program in US Fish and Wildlife Service Northwest and Southwest Regions between 2001 and 2007 and who conducted either riparian, upland, or wetland projects. Contacts will be made by mail with telephone follow-up to nonrespondents.
The sample will be stratified by region and habitat type.

12C. Instrument Administration

Surveys will be mailed to past participants in the Partners Program. The survey will follow Dillman's (2014) "Tailored Design Method" and include a pre-notice letter, mail survey, reminder postcard, and second mail survey.

12D. Expected Response Rate and Confidence Levels

60% +/- 5%

12E. Strategies for dealing with potential non-response bias

Telephone follow-up calls to non-respondents

12F. Description of any pre-testing and peer review of the methods and/or instrument (recommended)

The survey was pretested using 9 former participants in the Partners program.
The survey was peer reviewed by colleagues in the Human Dimensions of Natural Resources Department at Colorado State University.

13. Burden Hours Calculations

Category of Respondent	*Number of Annual Respondents*	*Number of Responses Each*	*Total Annual Responses*	*Time per Response*	*Total Burden Hours*
Initial Contact	450	1	450	2 min	15
Completion of Survey Instrument	270	1	270	18 min	81
Totals:	720		720		96

14. Federal Enterprise Architecture (FEA) Business Reference Model *(Check only one "Line of Business" and one "Subfunction." Refer to OMB guidance "FEA Consolidated Reference Model Document Version 2.3")*

Line of Business	Subfunction	Line of Business	Subfunction
☐ *Community and Social Services*	(Select One)	☐ *Correctional Activities*	(Select One)
☐ *Defense and National Security*	(Select One)	☐ *Disaster Management*	(Select One)
☐ *Economic Development*	(Select One)	☐ *Education*	(Select One)
☐ *Energy*	(Select One)	☐ *Environmental Management*	(Select One)
☐ *General Science and Innovation*	(Select One)	☐ *Health*	(Select One)
☐ *Homeland Security*	(Select One)	☐ *Income Security*	(Select One)
☐ *Intelligence Operations*	(Select One)	☐ *International Affairs and Commerce*	(Select One)
☐ *Law Enforcement*	(Select One)	☐ *Litigation and Judicial Activities*	(Select One)
■ *Natural Resources*	Conservation, Marine and Land Manag	☐ *Transportation*	(Select One)
☐ *Workforce Management*	(Select One)		

15. Reporting Plan

Survey results will be provided to the core team of the study via a peer-reviewed project report. Subsequent publications will include peer reviewed journal articles and presentations. A copy of all survey reports will be provided to PPA.

16. Justification, Purpose, and Use

16A. Survey Justification and Purpose

The survey is necessary to gauge the effectiveness of the Partners program in meeting customers' needs.

16B. Survey Goals

To better understand the strengths and weaknesses of the Partners program in order to improve collaborative work with private landowners for conservation outcomes.

16C. Utility to Managers

Will help managers improve the Partners programs and better serve future participants in the program.

16D. How will the results of the survey be analyzed and used?

Data will compare and contrast different regions of the country to determine if region specific adjustments to the Partners program are needed.

16E. How will the data be tabulated? How What Statistical Techniques will be used to generalize the results to the entire customer population? How will limitations on use of data be handled? If the survey results in a lower than anticipated response rate, how will you address this when reporting the results? *(Use as much space as needed; if necessary, include additional explanation on separate page.)*

See next page

16F. Is this survey intended to measure a Government Performance and Results Act (GPRA) performance measure? If yes, please include an excerpt from the appropriate document. *(Use as much space as needed; if necessary, include additional explanation on separate page.)*

NA

How will the data be tabulated?
The data will be analyzed using SPSS (i.e., Statistical Package for the Social Sciences)

What Statistical Techniques will be used to generalize the results to the entire customer population?
The statistical test will depend on the level of measurement (i.e., dichotomous, categorical, continuous). In general, however, we will use the following statistical techniques:

Crosstabulations / Chi-square
Analysis of Variance / F-value
Potential for Conflict Index (Vaske, Beaman, Barreto, & Shelby, 2010)

- The Potential for Conflict Index (PCI) was developed to facilitate understanding and applicability of human dimensions findings to managerial concerns. PCI ranges from 0 (minimal) to 1 (maximum) potential for conflict and simultaneously describes a variable's central tendency, dispersion & shape using a graphic display.

How will limitations on use of data be handled? If the survey results in a lower than anticipated response rate, how will you address this when reporting the results? (Use as much space as needed; if necessary include additional explanation on separate page).

If the response rate is lower than anticipated, the data will be weighted using the formulas in Vaske (2008, pp. 212-216).

- In the event of a low response rate the disparity in results between mail survey and nonresponse check, it may be prudent to weight the data from the mail survey, as follow:
- Weight = (population %) / (Sample %)
    - For example, disparity in male/female ratio
- Weight males = 0.60 / .30 = 2.0 Weight females = 0.40 / 0.70 = 0.57

17. Federal Cost: *(Consult your Bureau/Office Information Collection Clearance Officer for assistance, if necessary)*

The estimated annual cost to the Federal government is $ 96,607.60 , based on: *(provide details below)*

The contracted cost for this project is $95,078. An additional 40 hours for a GS-12 step 1 at $38.24 an hour totals $1,529.60. The estimated annual cost to the Federal government is $96,607.6.

***Sample Response*:**
"If we receive 20 submissions and it takes 30 minutes to process and implement each one, then the total burden is $322.40 assuming a GS-7 step 5 is processing the submissions. This custom form is a tool meant to accept submissions in a standard format rather than through the freeform submissions that would otherwise come in by personal email. The existence of this form actually saves the government money by standardizing submissions and decreasing the workload of processing each one."

18. The survey methodology presented in form DI-4010 includes a specific description of:

- ☒ The respondent universe,
- ☒ The sampling plan and all sampling procedures, including how respondents will be selected,
- ☒ How the instrument will be administered,
- ☒ Expected response rate and confidence levels,
- ☒ Strategies for dealing with potential non-response bias,
- ☒ A description of any pre-testing and peer review of the methods and/or the instrument is highly recommended,
- ☒ The burden hours reported in the Justification include the number of burden hours associated with the initial contact of all individuals in the sample (i.e., including refusals), if applicable, and the number of burden hours associated with individuals expected to complete the survey instrument, and
- ☒ The package is properly formatted (using MS Word) and submitted to the Office of Policy Analysis (through the Bureau/Office Information Collection Clearance Officer).

19. The approval package includes:

- ☒ A completed and signed Form DI-4010, Generic Clearance for Customer Satisfaction Surveys.
- ☒ A copy of the survey instrument.
- ☒ Other supporting materials, such as:
  - Cover letters to accompany mail-back questionnaires,
  - Introductory scripts for initial contact of respondents,
  - Necessary Paperwork Reduction Act and Estimated Burden compliance language, and/or
  - Follow-up letters/reminders sent to respondents.

20. Checklist for Submitting a Request to Use DOI Programmatic Clearance for Customer Satisfaction Surveys

- ☒ *All* questions in the survey instrument are within the scope of one of the DOI Programmatic Clearance for Customer Satisfaction Surveys topic areas.
- ☒ A qualified statistician has reviewed and approved your request (see question 21A).
- ☒ Your Bureau/Office Information Collection Clearance Officer receives your package for review/approval **at least *75 days* prior to the first day the PI wishes to administer the survey to the public**.

21. Required Certifications for Submission Under OMB Control Number 1040-0001

Certification is required to submit a collection of information for approval under the DOI Programmatic Clearance for Customer Satisfaction Surveys. *If the collection does not satisfy the requirements of the Programmatic Clearance, you should follow the regular PRA clearance procedures described in 5 CFR 1320.*

21A. Bureau/Office Statistician	**Signature**	**Date**
☒ Recommend ☐ Not Recommended	KATIE LYON (Affiliate) Digitally signed by KATIE LYON (Affiliate) Date: 2018.10.16 12:16:58 +10'00'	10/16/18
21B. Bureau/Office Program or Subgroup	**Bureau/Office Point-of-Contact**	
Human Dimensions Program	Brad Milley	
Title *(Please be specific)*	**Signature**	**Date**
Social Scientist	BRAD MILLEY Digitally signed by BRAD MILLEY Date: 2018.10.16 14:41:45 -06'00'	10/16/18

FOR PROGRAM USE ONLY

Required certifications: *The information collection requested by this submission meets the requirements of OMB Control No. 1040-0001*

Bureau/Office ICCO		**Signature**	**Date**
☒ Recommend ☐ Not Recommended		MADONNA BAUCUM Digitally signed by MADONNA BAUCUM Date: 2018.10.16 17:23:35 -04'00'	10/16/18
DOI Office of Policy Analysis		**Signature**	**Date**
☐ Recommend ☐ Not Recommended			
DOI PRA Program Lead	**DOI Tracking No.**	**Signature**	**Date**
☐ Approved ☐ Not Approved			

Instructions for Completing Form DI-4010, Justification for Submission Under the "DOI Programmatic Clearance for Customer Satisfaction Surveys" OMB Control Number 1040-0001

1. **Bureau/Office:** Insert the name of the bureau/office conducting the survey.

2. **Date Submitted:** Date you submit the package to the Bureau/Office Information Collection Clearance Officer (ICCO) for review.

3. **Survey Title:** Insert title for the proposed survey.

4. **Abstract:** Summarize the proposed study with an abstract not to exceed 150 words.

5. **Bureau/Office Point of Contact Information:** Complete the bureau/office contact information. PPA will communicate with the point of contact listed here throughout the entire approval process.

6. **Principal Investigator (PI) Conducting the Survey:** Complete information about the PI who will be conducting the survey, if different from Point of Contact listed in #4. Otherwise note: Same as #4.

7. **Name of Program Office Conducting Survey:** Provide the name of the bureau program, office, or organizational unit conducting the survey.

8. **Description of Customers and Services Provided:** Provide a brief description of the customers you will survey, the services provided by the program conducting the survey, and customers receive these services.

9. **Survey Dates:** List the time-period in which you will conduct the survey, including specific starting and ending dates. The starting date should be <u>at least 75 days</u> after the date you submit the package to your bureau/office Information Collection Clearance Officer (ICCO).

10. **Type of Information Collection Instrument:** Check the type(s) of information collection instrument(s) you will use. If other, please explain.

11. **Survey Development:** Explain how the survey was developed. With whom did you consult during the development of the survey on content? On statistics? Did you pretest the survey? What actions did you take to improve the survey? What suggestions did you receive for improving the survey? Which of the six topic areas will the collection address? (Note: A description of any pre-testing and peer review of the methods and/or instrument is highly recommended.)

12. **Survey Methodology:** Explain how you will conduct the survey. Provide a description of the survey methodology including:
    - Question 12A – The respondent universe,
    - Question 12B – The sampling plan and all sampling procedures;
    - Question 12C – How the instrument will be administered;
    - Question 12D – Expected response rate and confidence levels;
    - Question 12E – Strategies for dealing with potential non-response bias; and,
    - Question 12A – Description of any pre-testing and peer review of the methods and/or instrument (recommended, but not required).

    Note: Web-based surveys are not an acceptable method of sampling a broad population. Web-based surveys must be limited to services provided by the web site.

13. **Burden Hours Calculations:** Provide an estimated total of the following for <u>*each*</u> category – initial contact and completion of survey instrument:
    - Number of annual respondents – Enter the number of unique respondents who will complete the information collection;
    - Number of responses per respondent – Enter the total number of responses per unique respondent;
    - Total annual responses – Enter the number of unique respondents multiplied by the total number of responses each;
    - Time per response – Estimate the time to complete the initial contact and the time to complete the survey instrument (in minutes), and
    - Total burden hours –The total burden hours should account for the amount of time required to instruct the respondents in completing the survey, and the amount of time required for the respondent to complete the survey.

14. **Federal Enterprise Architecture (FEA) Business Reference Model:** Using the drop-down menus provided, select <u>***ONE***</u> "Line of Business" and <u>***ONE***</u> corresponding Subfunction that most accurately describes your information collection.

15. **Reporting Plan:** Provide a brief description of the reporting plan for the data you will collect.

16. Justification, Purpose and Use: For questions 16A through 16F, provide a brief justification for the survey, its purpose, goals, and utility to managers. Specifically, describe how you will tabulate the data and what the statistical techniques you will use to generalize the results to the entire customer population. Describe how you will use the data from the survey. Describe how you will acknowledge any limitations related to the data, particularly in cases where we obtain a lower than anticipated response rate. Note whether you intend the survey to measure a Government Performance and Results Act (GPRA) performance measure.

17. Federal Cost: Provide the cost estimate for the Federal government to administer the information collection, along with a description of how you calculated the cost estimate (sample response provided). Contact your bureau/office ICCO for more information or for assistance.

18. Survey Methodology Checklist: Carefully review each item and check each box to indicate your submission provides the required description of each item.

19. Checklist for Submitting a Request to Use DOI Programmatic Clearance for Customer Satisfaction Surveys: Carefully review each item and check each box to indicate your understanding and concurrence of each requirement.

20. Approval Package Content: Carefully review each item and check each box to indicate your package contains each of the requirement elements listed.

NOTE: Your survey instrument document must show the OMB Control Number 1040-0001 and Expiration Date ##/##/###, and it MUST include the following Statements somewhere on the instrument document (preferably at the bottom of page 1 or at the end of the document):

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to [insert brief justification for collection of information]. Your response is voluntary and results we will not share them publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1040-0001, which expires ##/##/####.

Estimated Burden Statement: We estimate the [insert type of instrument] will take you ## minutes to complete, including time to read instructions, gather information, and complete and submit your response. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, [Insert Bureau/Office], [Insert mailing address].

21. Required Certifications: Completion of all information in this section is required before forwarding your approval package to your bureau/office ICCO for review and processing.

Question 21A – Ensure the bureau/office statistician reviewing your information collection certifies the request satisfies the requirements of the DOI Programmatic Clearance for Customer Satisfaction Surveys under OMB Control No. 1040-0001.

Question 21B – Ensure the requestor provides the requested contact information needed by the bureau/office and/or Departmental ICCO to resolve questions or concerns.