

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

*Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.*

### DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

*Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.*

*If you select “yes” to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select “yes” to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	Column B
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [ ] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [ ] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [ ] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [ ] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [ ] No
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. [X] Yes [ ] No	

Did you select “Yes” to all criteria in Column A?

*If yes, the Collection of Routine Customer Feedback generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.*

Did you select “Yes” to any criterion in Column B?

*If yes, the Collection of Routine Customer Feedback generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.*

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**TITLE OF INFORMATION COLLECTION:** 2020 Science Ambassador Virtual Training Series Satisfaction Survey

**PURPOSE:**

The Epidemiology Workforce Branch in the Division of Scientific Education and Professional Development at the Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback from Science Ambassador fellows and alumni regarding the Science Ambassador Fellowship Virtual Training Series. The Science Ambassador Fellowship is a 5-day summer course and 1-year distance-based professional development opportunity for middle and high school STEM teachers and educational leaders interested in bringing public health into their classrooms. The 5-day summer course will not occur in 2020 due to the COVID-19 pandemic. A virtual training series is being offered to help teachers and educational leaders better understand key public health concepts that are in the news, such as contact tracing, herd immunity, serology testing, epi curves, modes of transmission, and R naught. The virtual training series will offer topics in a broad context and share some activities with you to help teach them in the classroom. The goal of this survey is to determine if virtual training series participants learned from the session and have the skills, motivation, and confidence to apply what they learned in their classroom during the 2020/2021 school year. The information obtained from the survey will be used to refine future virtual training series sessions.

**DESCRIPTION OF RESPONDENTS:**

The respondents are teachers and educational leaders who attend the Science Ambassador Virtual Training Series sessions. These teachers and educational leaders were selected into the Science Ambassador Fellows 2020 class or are Science Ambassador Alumni from 2002 – 2019. No personally identifiable information (PII) will be collected; should any respondents provide PII, it will not be retained.

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

*Instruction: Please sparingly use the Other category*

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 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.

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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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**If Yes:** Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

**BURDEN HOURS**

The survey will be web-based and includes (at most) 19 questions. Respondents will take approximately 8 minutes to complete the survey through Survey Monkey. This estimate is based on piloting the survey with three CDC staff. We are seeking approval to collect feedback from approximately 332 non-federal individuals. Given 332 respondents with a response time of 8 minutes each, the total response burden will be 44.27 hours. There will be no direct costs to the respondents other than their time to respond to the survey.

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	332	10/60	55 hours
<b>Totals</b>			<b>55 hours</b>

**FEDERAL COST:**

The estimated annual cost to the Federal government is \$ 1031.60.

This estimate is based on the time required for one FTE (GS-13) to supervise and for one Fellow to design the survey, develop the web-based survey, implement the survey, analyze the data, and develop recommendations based on the results.

Staff or Contractor	Hours	Average Hourly Rate	Cost
Fellow (GS-9 Equivalent)	30	\$26.71	\$ 801.30
FTE (GS-13)	5	\$46.06	\$ 230.30
<b>Totals</b>			<b>\$ 1031.60</b>

**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?  
[ ] Yes [X] No

**If Yes:** Please provide a description of both below (or attach the sampling plan)

**If No:** Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

An invitation email (Attachment 3, Invitation Email) with a link to the survey will be sent to all the participants that attended the Science Ambassador virtual training series session. Respondents will be given 2 weeks to respond to the survey. A reminder email will be sent twice to the participants (Attachment 4, Reminder Email): one email at the beginning of week two and the second email on the day the survey closes.

Respondents will have to complete the survey in one sitting as the survey tool does not allow respondents to return to edit or complete the survey. The survey does not track individual responses.

### **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 [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”**

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**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 concise 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 concise 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. The ‘Other’ category should be used only in the contexts in which the provided categories cannot reasonably apply.

**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:** As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are \$40 for a one-hour interview and \$75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

**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.**