

## 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 [X ] 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 [X ] 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 [X ] No
Collection does not raise issues of concern to any other Federal agencies. [ ] Yes [X ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X ] 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 [X ] 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:** Veto Violence Tools and Training Customer Satisfaction 2020

**PURPOSE:** The Centers for Disease Control and Prevention (CDC) created the Veto Violence website to provide violence prevention professionals with the latest trainings, resources, and tools for integrating research-based knowledge into the primary prevention of violence in their communities. The primary target audience for the website includes CDC grantees, partners in state, local, tribal government agencies, and violence prevention practitioners. The secondary audience includes public health practitioners, and anyone interested in learning more about violence prevention.

CDC’s Division of Violence Prevention (DVP) will implement a customer satisfaction survey with registered and potential Veto Violence users to explore if Veto Violence’s applications (trainings and tools) provide users with a satisfactory experience and meet the needs of CDC’s services in the violence prevention field. Two tools were prioritized based on current metrics and resource priority. Users will be randomly assigned and directed to one of the two tools: Connections Selector or Violence Prevention in Practice. Participation in the customer satisfaction surveys is voluntary. Information collected from the customer satisfaction surveys will be used to improve the two tools and to develop future resources. The data will also inform dissemination and communication, and it will help CDC assess if the agency is providing appropriate information to the intended audience, while using the most innovative and engaging user design.

Information gathered will be used only internally for general service improvement and is not intended for release outside of the agency. Information gathered will not be used for the purpose of substantially informing influential policy decisions. Without these types of feedback, the Agency will not have timely information to adjust its services to meet customer needs.

**DESCRIPTION OF RESPONDENTS:** Participation in the customer satisfaction surveys is voluntary. Users will provide feedback to CDC via Survey Monkey after reviewing their assigned tool or resource. Participants for the surveys will be selected from three lists: DVP grantees, DVP partners, and Veto Violence account holders. The lists include local and state health departments, non-profit organizations, foundations, and educational institutions with a focus on violence prevention.

**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.

Name: \_\_\_\_\_ Karen Angel \_\_\_\_\_

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 [ X] 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**

Category of Respondent	No. of Respondents	Participation Time	Burden
Participation letter	500	3/60	25
Welcome Email	40	2/60	1.3
Connection Selector Survey	20	30/60	10
Violence Prevention in Practice Survey	20	30/60	10
<b>Totals</b>	580	65/60	628.3

**FEDERAL COST:** The estimated annual cost to the Federal government is \$7,000.

**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 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

These customer satisfaction surveys will draw from DVP grantees and partners who are registered user accounts on VetoViolence, as well as VetoViolence educational and non-profit

users who have registered accounts on VetoViolence. Potential respondents will be invited via email (Att1a) to review their assigned tool or resource, and then answer the customer satisfaction survey (Att 2 and 2a) with a total duration of 30 minutes each survey, including the time it takes to review their assigned tool or resource and complete the survey. The respondents who accept the invitation will be asked to review one tool and answer questions about their experience and use. Instructions for accessing the tool and survey will be sent via email (Att1a).

### **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.**