## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0690-0030)

**TITLE OF INFORMATION COLLECTION:** GOES DCS & HRIT/EMWIN User Assessment

**PURPOSE:** The purpose of these two surveys is to get a more accurate picture of the NOAA Geostationary Operational Environmental Satellite (GOES) Data Collection System (DCS) and the High Rate Information Transmission/Emergency Managers Weather Information Network (HRIT/EMWIN) Users’ capability footprint and what sources are being utilized to retrieve their environmental data.  A key benefit of collecting this information will be NESDIS/ OSPO’s increased ability to assist in protecting our Users’ uninterrupted access to critical weather information.

NOAA operates two space-based data collection systems: the Geostationary Operational Environmental Satellite Data Collection System (GOES DCS) and the Argos Data Collection System (Argos DCS), which is flown aboard NOAA's Polar-orbiting Operational Environmental Satellites (POES). Both the GOES DCS and the Argos DCS are operated to support environmental applications, e.g., meteorology, oceanography, hydrology, ecology, and remote sensing of Earth resources. Presently, the majority of users of these systems are government agencies and researchers and, in fact, much of the data collected by both the GOES DCS and the Argos DCS are provided to the World Meteorological Organization via the Global Telecommunication System for inclusion in the World Weather Watch Program. Current loading on both of the systems does not use the entire capacity of that system, so NOAA is able to make its excess capacity available to other users who meet certain criteria. Accepted applicants use the NOAA DCS to collect environmental data.

HRIT/EMWIN is a separate rebroadcast on the GOES-R satellite series. It contains GOES-R series imagery data, a copy of the GOES DCS messages and the National Weather Service (NWS) EMWIN data stream. The users of this broadcast are widely diverse due to the various products available on the broadcast.

**DESCRIPTION OF RESPONDENTS**: Users of GOES DCS and HRIT/EMWIN data. This includes Business or other for-profit; Not-for-profit institutions; Federal Government; and State, Local, or Tribal Government

**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: \_\_\_\_\_\_\_\_\_\_\_Mark Turner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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****Hours** |
| State, Local, or Tribal Government | 60 | 10 min | 10.00 |
| Private Sector | 100 | 10 min | 16.67 |
| Federal Government | 90 | 10 min | 15.00 |
| **Totals** | **250** |  | **41.67** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\_\_\_$3,192

This cost is based on a ZP-3 position using the CAPS Rest of U.S. Locality pay table. The percent of effort will be approximately 0.032, or 70 hours annually.

**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?

The GOES DCS survey will be sent to users of GOES DCS data. NOAA will reach out to these users via an email associated with the subscription and will provide a link to the online survey.

The HRIT/EMWIN survey will be sent to known users who are affiliated to the quarterly HRIT/EMWIN Users Group meetings. NOAA will reach out to these users via email and will provide a link to the online survey.

**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.**

**All instruments used to collect information must include:**

**OMB Control No. 0690-0030**

**Expiration Date: 07/31/2023**

## 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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 per row.

**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.

**Submit all instruments, instructions, and scripts are submitted with the request.**