

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2010-0042)

TITLE OF INFORMATION COLLECTION: Evaluation of Environmental Collaboration and Conflict Resolution (ECCR) Services and Training at EPA

PURPOSE:

EPA’s Conflict Prevention and Resolution Center (CPRC) is requesting approval to collect customer feedback to evaluate the effectiveness of services provided to participants involved in the agency’s environmental collaboration and conflict resolution (ECCR) processes and to individuals who receive training provided by the CPRC.

DESCRIPTION OF RESPONDENTS:

Respondents under this ICR are the individuals who have participated in an ECCR activity, such as facilitation, mediation, and consensus building. The types of ECCR activities about which the CPRC is seeking customer feedback include agreement-seeking cases, facilitated dialogues, long-term facilitated group processes, and facilitated meetings. The CPRC is also collecting feedback from participants in ECCR training.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <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.
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.

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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 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 Annual Responses	Burden per Response (Minutes)	Total Annual Burden (Hours)
Agreement Seeking Case Lead in an Administrative Proceeding	6	32	3.2
Agreement Seeking Case Lead in an Agency Decision	6	32	3.2
Agreement Seeking Case Lead in a Judicial Proceeding	6	32	3.2
Agreement Seeking Case Participant in an Administrative Proceeding	12	24	4.8
Agreement Seeking Case Participant in an Agency Decision	12	24	4.8
Agreement Seeking Case Participant in a Judicial Proceeding	12	24	4.8
Agreement Seeking Follow-up for Case Leads in an Administrative Proceeding	4	25	1.67
Agreement Seeking Follow-up for Case Leads in an Agency Decision	5	25	2.08
Agreement Seeking Follow-up for Case Leads in a Judicial Proceeding	4	25	1.67
Agreement Seeking Follow-up for Case Participants in an Administrative Proceeding	9	19	2.85
Agreement Seeking Follow-up for Case Participants in an Agency Decision	9	19	2.85
Agreement Seeking Follow-up for Case Participants in a Judicial Proceeding	9	19	2.85
Facilitated Dialogue Participant	105	13	22.75
Long Term Group Facilitation Participant	250	13	54.17
Meeting Facilitation	1050	3	52.5
Training Evaluation	50	8	6.67
Totals	1549	337 minutes	174.05

*Each category of respondents corresponds to one of the 16 surveys attached to this approval request.

FEDERAL COST: The estimated annual cost to the Federal government is \$100,215.

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 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 surveys will be provided to all participants in ECCR processes and ECCR-related training. Thus, there will be no statistical sampling.

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

[X] 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.