

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

TITLE OF INFORMATION COLLECTION:

ECHO Post Training Survey Questions

PURPOSE:

The Integrated, Targeting and Access Branch (ITAB) within the Office of Compliance’s Enforcement Targeting and Data Division conducts regular trainings on the Enforcement and Compliance History Online (ECHO). ECHO has a wide range of tools, searches and data visualizations to meet the needs of the broad audience it serves. ITAB staff conduct regular trainings to the public, States, Local Control Agencies/ Tribal and EPA. A standard set of post-training survey questions would allow ITAB to gain critical feedback on what went well in the training and what could be improved. This brief post-training survey will allow ITAB to improve trainings and make sure the audience’s training needs are being met. The survey will be optional for attendees of the trainings/ webinars and will be delivered after the training is complete.

DESCRIPTION OF RESPONDENTS:

ECHO caters to a wide audience including the general public to an ECHO Gov login with government-only data and tools. Some trainings are delivered to the general public (open to states/ EPA as well). While other trainings have a more restricted audience to just EPA or just States/ LCON/ Tribal and EPA. We plan to deliver the same set of survey questions after all trainings in order to chart feedback consistently.

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.

Name: Primary Contact- Madeline LaPatra- lapatra.madeline@epa.gov - 202.564.3856
Secondary Contact- Rebecca Kane- kane.rebecca@epa.gov – 202.564.5960

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

Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Federal Government (including EPA)*	1200*	4 min	80 hrs.*
General Public	1000	4 min	66.67 hrs.
State, local, or tribal governments	1300	4 min	86.67 hrs.
Totals	2300 per year		153.34 hrs./ year

*Note: Per the Paperwork Reduction Act, responses from federal employees working in their official capacity are not counted towards an information collection’s burden estimates.

FEDERAL COST: The estimated annual cost to the Federal government is \$0

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?

We do not have a list of respondents who will receive the survey, but we will gather this by knowing who attended the training or webinar. The survey will be distributed to everyone who attended the training, but it will be optional for them to fill it out. Depending on the size of the training, ITAB will use different platforms to deliver the training. GoToWebinar will be used for larger trainings, and the survey will pop up automatically after the training ends. Smaller trainings will use Microsoft Teams, and in that case, the survey will be distributed by email as a fillable form.

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
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”

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.

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.

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.