Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0579-0377)

TITLE	OF	INF	OR	MΑ	TION	COL	$[\mathbf{J}, \mathbf{F}]$	CTI	on:
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NAHMS Bison Study Needs Assessment

PURPOSE:

NAHMS needs to collect feedback from bison producers, other bison industry representatives, academicians, state and federal animal health officials, and tribal representatives on the upcoming NAHMS bison study. This feedback will help NAHMS develop appropriate study objectives and biologic testing requirements to meet stakeholders' needs for the upcoming study.

DESCRIPTION OF RESPONDENTS:

Anticipated respondents include bison producers, other bison industry representatives, academicians, state and federal animal health officials, tribal representatives, and other bison stakeholders.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[] Customer Satisfaction Survey [] Small Discussion Group [X] Other: Needs Assessment

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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:_	William N. Kelley				

To assist review, please provide answers to the following questions:

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	s Notice (SORN) been	published? [] Y	es [] No
Gifts or Payments: Is an incentive (e.g., money or reimbursement of participants? [] Yes [X] No	of expenses, token of ap	ppreciation) prov	ided to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	1,000	10 min	166.7 hrs
Totals	1,000	10 min	166.7 hrs
FEDERAL COST: The estimated annual cost If you are conducting a focus group, survey, provide answers to the following questions:	G		please
The selection of your targeted respondents			
Do you have a customer list or something simil respondents and do you have a sampling plan for	or selecting from this u		
If the answer is yes, please provide a description the answer is no, please provide a description or respondents and how you will select them?	•		• '
Administration of the Instrument 1. How will you collect the information? (Che [X] Web-based or other forms of Social [] Telephone [] In-person [] Mail [] Other, Explain	110,		
2. Will interviewers or facilitators be used? [] Yes [X] No		
Please make sure that all instruments, instrurequest.	ections, and scripts are	e submitted with	the

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 with the request.