

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2125-0628)**

**TITLE OF INFORMATION COLLECTION: CUSTOMER SATISFACTION FEEDBACK FOR STATE ADA TRANSITION PLAN IMPLEMENTATION**

**PURPOSE:**

The FHWA Office of Civil Rights currently provides information and assistance to aid State Departments of Transportation (DOTs) and Local Public Agencies in developing and implementing ADA Transition Plans. These Plans are used to remove barriers to accessibility for people with disabilities. The Americans with Disabilities Act (ADA) requires barriers to be removed when they restrict access to programs, services and activities. The ADA became law over 30 years ago, and yet, accessibility barriers to transportation still remain today.

The purpose of collecting the requested information is to continue to strengthen the ability of FHWA to support our partners to identify best practices in ADA Transition Plan implementation at State DOTs and improve the outreach and resources the Office of Civil Rights provides to make access for pedestrians with disabilities more equitable.

**DESCRIPTION OF RESPONDENTS:**

The information will be requested from ADA Coordinators, or other accessibility specialists, at the DOTs of all 50 States, the District of Columbia, Puerto Rico and the Virgin Islands. Participation is voluntary.

**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: Melissa Anderson

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, 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  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
State governments, including DC and Puerto Rico	53	1 hr.	53 hrs.
<b>Totals</b>	<b>53</b>	<b>1 hr.</b>	<b>53 hrs.</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$57,700

**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  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?

Our respondents will be State, DC, Virgin Islands and Puerto Rico DOT ADA Coordinators, or other accessibility specialists. We will work with the Civil Rights Specialists in each of the FHWA Division Offices to identify the individual at the DOTs who is responsible for ADA compliance.

All 53 individuals will be contacted by email and encouraged to complete the questionnaire, but participation is voluntary.

**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 [ x ] No