

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:** Bureau of Primary Health Care (BPHC) Website Card Sort

**PURPOSE:** The goal of the card sort activity is to understand how users prefer to group and label BPHC website content. The feedback from testing will inform updates to the site’s information architecture.

**DESCRIPTION OF RESPONDENTS:** BPHC’s primary audiences  
Visitors to BPHC’s website (bphc.hrsa.gov) including current and prospective grantees (health centers and Lookalikes) and other partner organizations

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: Unmoderated card sort |

**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:** Jennifer Morgan Gray

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 Hours Total
Staff newer H80 grantees Lookalikes/ Staff H80 grantees	30	30 min	15
Staff from training/ technical assistance partners	5	30 min	2.5
<b>Totals</b>			17.5

**FEDERAL COST:**

The estimated annual cost to the federal government is \$2,000.00 which includes 1) \$1,200 in configuration and testing, and 2) \$800 (12 hours at the GS-14 level) in project management and oversight.

**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?

We will use our grantee database to choose an participants from the following categories:

- 15 newer H80 Health Center Program grantees and lookalikes (less than 2 years of funding)
- 15 established H80 Health Center Program grantees (over 2 years of funding)
- 5 training and technical assistance cooperative agreement partner organizations

When a recipient of the email selects the link, a random number will be attached to their study responses. This number will be the only way to identify the respondent. After we collect responses, we'll screen survey responses to remove surveys that are less than 75% complete.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based
  - Telephone
  - In-person
  - Mail
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**