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

TITLE OF INFORMATION COLLECTION: Federal Office of Rural Health Policy (FORHP) Website Card Sort

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

DESCRIPTION OF RESPONDENTS: FORHP's primary and secondary audiences, including current awardees, prospective awardees, former awardee, government staff or employees, government agencies or organizations, congressional staffers, FORHP staff, and philanthropic organizations.

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

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

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 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
Individuals: Health and social service professionals	30	30 min.	15
Totals			15

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? [X] 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 leverage existing relationships through our project officers to reach out to existing and prospective grantees, as well as to others with an interest in rural health to choose participants from categories that include:

- Current Awardee
- Prospective Awardee
- Former Awardee
- State Government Agency
- Federal Government Agency
- Congressional Staff

- FORHP Staff
- Philanthropic Organization, or other Non-Government organization
- Other FORHP-Funded Stakeholder, e.g. Technical Assistance Provider, Program Evaluator, etc.

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 appl	
	[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.