

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1601-0014)

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**TITLE OF INFORMATION COLLECTION:** BioWatch (BW) User Feedback Survey

**PURPOSE:** Collect qualitative user feedback information from current BW users regarding their experience with the BW system. This survey is anonymous and voluntary, and the information collected will be used to improve future Countering Weapons of Mass Destruction Office (CWMD) BW products or services. The Qualtrics “Anonymize Responses” function of the survey will be enabled during the administration of this information collection survey, disabling the collection of respondent IP addresses. The collection will be conducted under OMB Control Number 1601-0014, which expires on 30 November 2021.

BW has been employed by the Department of Homeland Security (DHS) CWMD since 2003 to detect the intentional release of aerosolized biological agents in major urban areas. The goal is to provide Federal, State, Local Tribal and Territorial (FSLTT) stakeholders with a more rapid detection of aerosolized biological threats than that of clinical or medical diagnosis.

This collection of information is necessary to enable the Agency to garner user feedback in an efficient, timely manner, in accordance with DHS’s commitment to improving service delivery, by which we mean systematic review of the operation of a program compared to a set of explicit or implicit standards, as a means of contributing to the continuous improvement of the program. The former Office of Health Affairs (now CWMD) had twice previously, attempted to improve the BW systems. Both efforts failed in part because a lack of understanding of the end-user’s requirements.

The information collected from users will help ensure that current biodetection systems are tailored to user needs and advance the CWMD mission. This information will also ensure that future enhancements and recapitalization of BW assets will meet the requirements of the FSLTT users. This feedback will provide insights into user perceptions, experiences and expectations, provide a warning of issues with program operations, or focus attention on areas needing improvement. These collections will allow for ongoing, collaborative and actionable communications between the DHS and its stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

**DESCRIPTION OF RESPONDENTS:** Current users of the BioWatch system. Participants represent federal, state, and local agencies (such as public health, law enforcement, emergency response, and emergency management).

**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

X

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Christopher Martin  
Requirements Manager

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, 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**

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments	260 (assumes response from every individual invited to participate in survey)	20 minutes	5200 minutes
<b>Totals</b>			<b>86.6 hours</b>

**FEDERAL COST:** The survey will be developed, administered and data collected and analyzed primarily through a third party (First Link LLC). The third-party costs are outlined below. The total of developing the survey, conducting data analysis and drafting a findings report is \$123,122. The break-down of survey cost is as follows:

- |   |                    |
|---|--------------------|
| <b>Survey Development</b>   | <b>\$16,690.00</b> |
| <ul style="list-style-type: none"> <li>• Build the survey in the Qualtrics</li> <li>• Test the survey/platform before distribution</li> </ul> |                    |

- Development of the survey distribution list
- Development of the survey invitation language
- Survey distribution

<b>Data Analysis</b>	\$62,344.00
<b>Findings Report</b>	\$42,708.00
• Interim Report	
• Final Report	
<b>Total Labor</b>	\$121,742.00
<b>ODC</b>	\$1,380.00
<b>Total</b>	<b>\$123,122.00</b>

The burden to the CWMD staff (federal employees and SETA contractor staff) is approximately 15 hours. The CWMD staff burden is primarily shared among three SETA contractors.

**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?

See attached list of targeted respondents

**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  No [Follow-up, non-standardized oral communications may occur as needed to clarify feedback received (5 C.F.R. 1320.3(h))]