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

**TITLE OF INFORMATION COLLECTION:** Usability Testing for HRSA.gov website properties

**PURPOSE:** The goal of tree testing is to assess the usability of a website’s information architecture. The test results will validate or invalidate the current information architecture and any proposed updates to it. This is particularly important to test assumptions made after we revamped websites to ensure that the user experience is as effective as possible.

**DESCRIPTION OF RESPONDENTS**: Although the website can be viewed by anyone, HRSA stakeholders are the primary audience to our website. HRSA stakeholders typically include current or potential grantees.

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[X] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] 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:** Jennifer Morgan Gray

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| --- | --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **No.****Responses****per****Respondent** | **No. of Responses per Respondents** | **Average****Burden per****Response****(in hours)** | **Burden Hours Total** |
| **Individuals:** Representatives from grantee organizations and other website visitors (NOTE: time is per test) | 200 | 5 | 4 | 30/60 | 25 |
| **Totals**  | 200 |  |  |   | 100 |

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**

**FEDERAL COST:**

The estimated annual cost to the federal government is $8,000.00 which includes 1) $4,800 in configuration and testing, and 2) $3,200 (28 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 affiliated with health and other related organizations. We will choose participants from categories including:

* Current and potential grantees
* Organization staff members and other pertinent stakeholders

If we are unable to find enough participants using that method, we will recruit similar participants through usability testing platforms.

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.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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