## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/31/2024)

**TITLE OF INFORMATION COLLECTION:** NIEHS Partnerships for Environmental Public Health (PEPH) Metrics Manual Training Pre and Post Training Survey

**PURPOSE:** To collect feedback from attendees on the effectiveness of a virtual training. Attendees will be given a pre-survey prior to training and then given a post-survey after training to assess the effectiveness.

**DESCRIPTION OF RESPONDENTS**:

Respondents are grantees and other members of the general public who attend a training hosted by NIEHS.

**FREQUENCY OF REPORTING:** (Check one)

[X] Once [ ] Quarterly

[ ] Monthly [ ] On Occasion

[ ] Annually [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

[ ] 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**: Kristianna Pettibone

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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Respondent**  | **Survey** | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Individuals | Pre/Post-training Survey | 100 | 2 | 1/60 | 3 |
| **Totals** |  | **100** | 200 |  | **3** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 3 | $50.58 | 151.74 |
|  |  |  |  |
| **Totals** |  |  | $151.74 |

\* Bureau of Labor Statistics: The General Public rate was obtained from the BLS at the webpage <https://www.bls.gov/oes/current/oes251042.htm#nat> using Occupation Code 25-1042, Biological Sciences Teachers, Postsecondary. We used the Annual Median Wage of $101,150 and divided by 2,000 to estimate the hourly wage rate.

**FEDERAL COST:** The estimated annual cost to the Federal government is $50.91.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| NIEHS Program Analyst |  12/5 | $101,813 | .0005 |  |  $50.91 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  $50.91 |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/html/GS.aspx>

**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?

The list of respondents will be the list of people who register for the training. All people who register for the training will be asked to participate in a Zoom poll. The pre- and post- surveys are done via zoom.  The questions pop up on the screen, and people respond.  The results are tallied (no IDs).

**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