

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 0915-0212)**

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**TITLE OF INFORMATION COLLECTION:** Health Center COVID-19 Vaccine Program (HCVP) After-Action Survey

**PURPOSE:** The goal of the survey is to provide an opportunity for stakeholders that have participated in the HCVP or supported the HCVP to share feedback about their experience with the HCVP (via Health Resources and Services Administration (HRSA)/Bureau of Primary Health Care/Office of Quality Improvement staff) in its initial year of operation. The information will be used to support ongoing work in the HCVP and other HRSA Health Center COVID-19 Response Programs and to support HRSA’s planning for any future public health emergencies.

**DESCRIPTION OF RESPONDENTS:** Stakeholders that have participated in or supported the HCVP, including HRSA-supported health centers and look-alikes, Primary Care Associations, Health Center Controlled Networks, and National Training and Technical Assistance Partners.

**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: Customer Feedback Survey         |

**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:** Michelle Wojcicki, HRSA/BPHC/OQI Office of the Director, Program Analyst

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
<b>Organizations:</b> Health center staff	1383 (FY2020)	15 min.	345.75
<b>Organizations:</b> Primary Care Associations	52	15 min.	13
<b>Organizations:</b> Health Center Controlled Networks	49	15 min.	12.25
<b>Organizations:</b> National Training and Technical Assistance Partners	21	15 min.	5.25
<b>Totals</b>	1505	60 min.	376.25

**FEDERAL COST:**

The estimated annual one-time cost to the federal government is \$2,000.00 which includes 1) \$1,200 in configuration and testing of the survey tool, 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'll identify and select participants from HRSA's GovDelivery system. The administrators of HRSA's GovDelivery system will send a general bulletin to their email list which will contain a link to the study on our web tool.

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 or other forms of Social Media
  - 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.**