

**Request for Approval under the “Generic Clearance for Formative Data  
Collections for Evaluation, Research, and Evidence-Building”  
(OMB Control Number: 3245-0425)**

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**TITLE OF INFORMATION COLLECTION:**

Community Navigator Pilot Program (CNPP) Hub Survey

**PURPOSE OF THE COLLECTION:**

This data collection is part of the Community Navigator Pilot Program (CNPP) Evaluation which seeks to identify barriers and facilitators to program implementation, as well as to assess whether the CNPP is utilizing available resources, conducting sufficient activities, and reaching its intended outputs and outcomes. The purpose of this data collection is to administer a web-based survey among 46 Hub staff members in order to better understand the CNPP’s customer-centric design and the practices in place for delivering counseling and training assistance among small business owners. This data collection will provide recommendations for customer-centric design and program delivery.

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Survey/questionnaire    | <input type="checkbox"/> Cognitive interview     |
| <input type="checkbox"/> Focus group/small group discussion | <input type="checkbox"/> User testing            |
| <input type="checkbox"/> Interviews                         | <input type="checkbox"/> Observation/field study |
| <input type="checkbox"/> Other: _____                       |  |

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary.
2. The collection is low burden for respondents and low-cost for the Federal Government.
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies.
4. 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 near future.
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained.
6. Information gathered is intended to be used for general service improvement and program management purposes.
7. Summaries and aggregate results may be included in public-facing evaluation or similar report.
8. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

**Name:** Kate Aaby

**Title:** Associate Administrator for OPPCFO

*All instruments used to collect information must include:*

*OMB Control No. 3245-0425*

*Expiration Date: 10/31/2025*

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

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

**1. Administration of the Instrument**

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

Web-based or other forms of Social Media

Telephone or other audio technology

Video

In-person

Mail

Other \_\_\_\_\_

b. Will interviewers or facilitators be used?  Yes  No

**2. Description of respondents/participants**

The Hub survey universe will consist of all 51 Hubs who received CNPP grants. Based on pilot testing, as well as prior SBA data collection efforts, the evaluation team anticipates a 90% response rate among Hubs (46/51 responses). Sampling will not be conducted for Hub survey data collection.

**3. Activity timeframe**

Survey data will be collected on a one-time basis from May to July 2023.

**4. Collection procedures**

1. The SBA CNPP Officer will send an introductory email to all Hubs introducing the contractor and informing Hubs of the survey (See Attachment).
2. Within one week, the evaluation contractor will send a follow-up email to provide further information, including an individualized link to the web survey (See Attachment).
3. The evaluation contractor will send up to ten reminder emails (two per week) to non-respondents with the individualized link to the web survey (See Attachment).
4. If email follow-up is unsuccessful and fewer than the targeted 46/51 Hubs have responded, the evaluation contractor will make up to two reminder phone calls and leave one voicemail message during the final week of data collection (See Attachment).

Based on pilot testing with 7 individuals, the anticipated time to complete the survey is 15 minutes.

**5. Provide the question list (Submit all instruments, instructions, and scripts with this request).**

Please see the following attachment: *CNPP Data Collection Materials*

**6. Use and dissemination of the results**

Information from the survey will be used to describe the extent to which the program has been implemented as intended, and the extent to which the program has achieved its desired outputs and outcomes. These results will be used for the development of program improvement recommendations, an evaluation report, and briefs.

**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

If Yes, describe:

**BURDEN HOUR COMPUTATION**

The burden hour estimate for Hub survey data collection is based on pilot testing with seven respondents.

Category of Respondent	Number of Respondents	Participation Time (mins)	Burden Hours
Hub administrators	46	15	11.5

**BURDEN COST COMPUTATION**

The burden cost estimate for Hub survey data collection is based on the average annual salary of \$115,250 (\$55.41 per hour) for General and Operations Managers.<sup>1</sup>

Category of Respondent	Number of Respondents	Hourly Rate	Response Time (hours)	Total Estimated Cost
Hub administrators	46	\$55.41	11.5	\$637.22

**FEDERAL COST**

The Federal cost estimate for Hub survey data collection is \$13,978.78, which includes 40 hours for a GS-14 evaluator, 5 hours for a GS-15 manager, and research support by the contractor (Optimal).<sup>2</sup> Federal employee pay rates are based on the 2023 General Schedule pay scale for the Washington, D.C., locality.<sup>3</sup>

**REQUESTED APPROVAL DATE:** 05/26/2023

**ICR REQUEST CONTACT:**

**Name:** Sana **Ahmed Wilder**  
**Title:** Lead Program Evaluator  
**Telephone Number:** 801-524-3208  
**Email Address:** sana.ahmedwilder@sba.gov

<sup>1</sup> See <https://www.bls.gov/oes/current/oes111021.htm>

<sup>2</sup> Based on 10 percent of the evaluation contractor’s data collection budget allocated to Hub survey.

<sup>3</sup> <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB.aspx>

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE OF THE COLLECTION:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

### **DESCRIPTION OF THIS SPECIFIC COLLECTION**

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., used for surveys) or facilitators (e.g., used for focus groups).

**Description of respondents/participants:** Describe the people you will interact with or are collecting information from and why the group is appropriate for the program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center representative, a representative sample of administrators who downloaded a report in May 2021, intercept interviews at a particular field office, a list of customers, e.g., a CRM database that has contact information, to reach out to that defines the universe of potential respondents and have a sampling plan for selecting from this universe). Attach a copy of the sampling plan if applicable.

**Activity timeframe:** Describe the time frame, dates, locations, and number of events (e.g., focus groups, surveys, sessions) that will occur (e.g., We will conduct focus groups on May 13,14,15. We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or “This survey will remain on our website in alignment with the timing of the overall clearance.”)

**Collection procedures:** Describe the information collection activity (e.g., what happens when a person agrees to participate? Will facilitators or interviewers be used? What’s the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?).

**Provide the question list:** Paste the questions or prompts presented to participants in your activity. If you have an interview/facilitator guide, that can be attached to the submission and referenced here. Submit all instruments, instructions, and scripts with the request.

**Use and dissemination of the results:** Describe how, by whom, and for what purpose the information is to be used (e.g., to inform future evaluation, continuous improvement efforts, etc.) and whether and how results will be disseminated (e.g., evaluation report, journey map, etc.).

**PERSONALLY IDENTIFIABLE INFORMATION:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive, and provide a justification for the amount.

**BURDEN HOUR AND COST COMPUTATIONS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time/Response Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g., fill out a survey or participate in a focus group)

**Burden Hours:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time in minutes then divide by 60

**Hourly Rate:** Provide the hours rate. Ex. Respondent cost estimates are based on the Bureau of Labor Statistics May 2021 median wage for all occupations of \$28.01 per hour.

**Total Estimated Cost:** Provide the total estimated cost. Divide the Response Time in minutes by 60. Then multiply by the hourly rate and Number of Respondents.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**NOTE: Data collection requests under this generic ICR are not intended for statistical purposes as defined by 44 U.S. Code § 3561.**