## Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”

## (OMB Control Number: 2030-0051; EPA ICR Number: 2434.240)

**TITLE OF INFORMATION COLLECTION:**

Customer Satisfaction Survey for State Government Officials on ORD Research Area Coordination Teams

**PURPOSE:**

The purpose of this survey is to collect feedback from state, territorial, and local government officials that are participating on ORD’s Research Area Coordination Teams (RACTs). The information collected will be used to make sure state participation on the RACTs is beneficial to the participants and let us know if we need to improve the process of engaging with the state participants. This survey will help determine ways state outreach and engagement during ORD’s strategic research planning and implementation can be improved. ORD is seeking a multi-year clearance for these surveys as we expect to continue to engage with these and additional state government officials every 12 months.

**DESCRIPTION OF RESPONDENTS**:

State, territorial, and local government officials participating on EPA’s Office of Research and Development Research Area Coordination Teams.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| State, local, and tribal governments | 40 | 10 minutes per response | 6.67 hours |
| **Totals** | **40** | **10 minutes** | 6.67 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is: $0.

**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 [X] 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?

**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.**

**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.

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