## 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: 2434.241)

**TITLE OF INFORMATION COLLECTION:** EPA Certification Plan and Reporting Database Users Survey

**PURPOSE:** EPA is planning to conduct a survey to evaluate the structure of the Certification Plan and Reporting Database (CPARD) as part of a process improvement project to assess user experience, identify needs, and increase overall efficiency. To accomplish this, EPA is proposing to conduct a survey with all CPARD users, internal and external, to ensure the steps taken to address the structure of CPARD to enhance user experience and access to important information.

The objectives of this survey are multifold and include:

* evaluating the CPARD user experience;
* assessing the effectiveness of supplemental materials and trainings; and
* identifying any additional needs of CPARD users.

**DESCRIPTION OF RESPONDENTS**: Respondents will be internal and external co-regulators/partners (EPA HQ, EPA Regions, States, Territories, Tribes and several Federal Agencies) who are registered to use CPARD.

**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? [X] 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 [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] 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, & Tribal Governments | 92 | 10 minutes | 15.3 hours |
| **Totals** | **92** | **10 minutes** | 15.3 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is: $747.72. The budget includes:

Environmental Protection Agency Employees

* Personnel Developing, Administering, and Assessing the Survey: 2
  + Based on hourly basic rate for GS-13: $37.70
* Totals Personnel Time: 10 hours
* Federal EPA Cost for Survey = **$377**
* Respondents: 54
  + Based on hourly basic rate for GS-13: $37.70
* Participation Time: 10 minutes
  + Total Participation Time: 9 hours
* Federal EPA Cost for Participation Time = **$339.30**

Other Federal Agencies’ Employees

* Respondents: 5
  + Federal Agencies: Department of Defense, Department of Energy, USDA Forest Service, USDA APHIS Plant Protection and Quarantine, and Bureau of Land Management
  + Based on hourly basic rate for GS-13: $37.70
* Participation Time: 10 minutes
  + Total Participation Time: 50 minutes
* Other Federal Cost for Participation Time = **$31.42**

**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?

* DESCRIPTION

The universe of potential respondents is defined by CPARD and its users. The respondents will be those who are registered to use CPARD and the sampling size will be determined by the number of voluntary participants in the survey.

**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.

Name: Stephanie Burkhardt