## 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: 2434.244)

**TITLE OF INFORMATION COLLECTION:** Great Lakes AOC Project Area Community Use and Benefits Intercept (Customer Satisfaction) Survey

**PURPOSE:**

This survey is included in our methodological matrix to collect data about community use and benefits related to environmental changes in a Great Lakes-Area of Concern (GL-AOC) project area. Through this survey, we will collect direct feedback from the people who access and use the amenities and ecosystem services within the project area. With this method, we hope to collect site user perceptions of the project area, AOC clean-up efforts, and the changes in environmental benefits that area users have experienced and/or would like to see happen. The survey questions will be accessible to the general populations through common, non-technical language framed around user experience. These questions will invite participants to provide direct input regarding their sense of place and “level of satisfaction with the services, environment and needs provided for by a specific place” (Stedman, 2003, pp 671-685, quoted in Deutsch and Konstadinos, 2009, p. 5). These questions are intended to “elicit relevant perceptions, attitudes, and opinion -without causing participants to offer biased, hypothetical or speculative responses” (Johnston, Weaver, Smith and Swallow, 1999, p. 59). Question structure types include both open-and close-ended responses. Survey responses will provide primary data linking the geography of the project area to perceived changes, and what these changes mean to the site users. The results of these surveys (in conjunction with the results of the other methods) may inform amenity development in the area.

**DESCRIPTION OF RESPONDENTS**:

Respondents include anyone using the AOC project area amenities (i.e. pond, paved trail immediately near the pond) who are at the site during survey hours and who are willing to participate in the survey and consent to participate (or have obtained consent from an accompanying legal guardian).

**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 Hours** |
| Individuals or Households | 240 | 10mins. | 40 |
| **Totals** | **240** | 10mins | **40** |

**FEDERAL COST:** The estimated annual cost to the Federal government is: $ 37,900.

**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?

Respondents include anyone using the AOC project area amenities who is willing and able to consent to participating 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

[X] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [X] Yes [ ] 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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