

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: 2434.266)

TITLE OF INFORMATION COLLECTION: Lower Duwamish Waterway Superfund Site ICIAP “Fun to Catch, Toxic to Eat” Programmatic Evaluation Forms

PURPOSE: This ICR will allow for the use of community based and internal programmatic evaluation tools, to include the following:

- Assessing the effectiveness of curriculum and fisher-based behavior strategies in the [Lower Duwamish Waterway Superfund Site Institutional Controls Implementation & Assurance Plan \(ICIAP\)](#);
- Measuring the content, retention, and appropriateness of these tools.

One of the core reasons why the work covered in this ICR is so crucial, is because of the [April 2017 report from the U.S. EPA Office of the Inspector General](#) that stated, “EPA Needs to Provide Leadership and Better Guidance to Improve Fish Advisory Risk Communications.” The tools covered by this ICR that are part of the “Fun to Catch, Toxic to Eat” program is working to achieve the recommendations outlined in this report and to protect human health.

The tools covered by this ICR form the base for a larger study effort in the future that will build upon these core tools.

DESCRIPTION OF RESPONDENTS: Community health advocates and fisher-based community participants, Lower Duwamish Waterway fisher-based populations.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>Program Evaluation</u> |

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
Outreach Event Survey	275 respondents	30 minutes	137.5 hours
Moms Workgroup Self-Assessment	40 respondents	30 minutes	20 hours
Moms Workgroup Pledges	40 respondents	15 minutes	10 hours
Moms Workgroup Mini Quiz	40 respondents	30 minutes	20 hours
Moms Workgroup Background Survey	40 respondents	30 minutes	20 hours
Fishers Workgroup Pre-Survey	20 respondents *	30 minutes	10 hours
Fishers Workgroup Post-Survey	20 respondents	30 minutes	10 hours
Fishers Workgroup Pledges	20 respondents	15 minutes	5 hours
Community Health Advocate Behavior Survey	60 respondents	30 minutes	30 hours
Pre-Assessment of Community Health Advocates in Training	60 respondents	30 minutes	30 hours
Post Assessment of Community Health Advocates in Training	60 respondents	30 minutes	30 hours
Totals	675 respondents		322.5 hours

FEDERAL COST: The estimated annual cost to the Federal government is: **\$913.72**

Staff Person 1: \$72.13 GS-13-10 hourly rate x 1.6 Overhead/Loaded Rate = \$115.41 x 2 hours = \$230.82

Staff Person 2: \$42.68 GS-11-01 hourly rate x 1.6 Overhead/Loaded Rate = \$68.29 x 10 hours = \$682.90

Total Staff Time (Staff 1+2): \$230.82 + \$682.90 = **\$913.72**

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?

- **There is a list of participants for the survey evaluations.**
- **Fisher-based and geographic communities will be identified for the larger programmatic evaluation.**

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.

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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