

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” HHS Online Customer Surveys (OMB Control Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:** President’s Council on Sports, Fitness & Nutrition Award Nominations.

**PURPOSE:** The purpose for soliciting nominations from the public is to recognize individuals or organizations from across the country that have contributed to the advancement or promotion of physical activity, fitness, sports, or nutrition. Three awards categories will be open in 2024. The Community Leadership Award celebrates leaders who are building more vibrant and thriving communities through sports, physical activity, fitness, and nutrition-related programs. The PCSFN Hero Award celebrates high profile individuals (e.g., influencers) who champion sports, physical activity, fitness, or nutrition and amplify messages that support the Council’s mission to broad audiences. The Lifetime Impact Award celebrates individuals whose careers have greatly contributed to the advancement or promotion of physical activity, fitness, sports, or nutrition nationwide.

The information that will be collected will allow the President’s Council on Sports, Fitness & Nutrition (PCSFN) to evaluate nominees and select award winners.

To ensure that a wide range of nominations are accepted, the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP) is accepting nominations through Box.com (a secure online submission portal) for which HHS holds an account. Personally identifiable information (PII) will include name and contact information (e.g., phone, email address) for nominators, nominees, and references. Nominators will only be able to see files they uploaded during their submission session. Nominators will not have access to other submissions. None of the responses will be made publicly available. The requested contact information will only be used to send communications related to the Council Awards. The proposed data collection will have little or no effect on participants’ privacy. ODPHP shall not disclose any record which is contained in its system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains.

**DESCRIPTION OF RESPONDENTS:** The general public and organizations working in the physical activity, sports, and nutrition fields.

**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>Award nominations</u> |

**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 nominations from respondents who have experience with the field of physical activity or nutrition or may have experience with the field in the future.

Name: \_\_\_\_\_ Jennifer A Bishop, ScD, MPH \_\_\_\_\_

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] No
3. If Applicable, has a System or Records Notice 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 hours
Individuals or Households	200	60/60	200
Private Sector	10	60/60	10
State, local, or tribal governments	10	60/60	10
Non-profits	30	60/60	30
<b>Totals</b>	<b>250</b>		<b>250</b>

**FEDERAL COST:** The estimated annual cost to the Federal government \$ 5,4766.26. This estimate includes the \$1500 for web development to support the nominations process and collect applications, \$3,833.76 for two full-time federal staff and one GS-9 level fellow to each review the applications for total 28 hours work hours each-- valued at an average of \$45.64 per hour. Finally, the estimate also includes: 10 special government employees (Members of PCSFN serving in a voluntary capacity) to each spending 3 hours to participate in the nomination review process and two hours of the PCSFN Executive Director’s time for making final determinations.

**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?

Anyone can submit a nomination. A *Federal Register* Notice will be published, and promotion of the nominations period will be made available through the Council's listserv, website, and social media channels. A toolkit will be provided to PCSFN Members and partners to publicize the opportunity.

### **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.**

Attachment A: President's Council on Sports, Fitness & Nutrition Awards Nomination Criteria and Submission Materials Request