## Request for Approval under the “FNS Fast Track Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0584-0611)

**TITLE OF INFORMATION COLLECTION:** Survey to Collect Information on the use of MyPlate Materials in the [Supplemental Nutrition Assistance Program Education (SNAP-Ed) Clearinghouse](https://snaped.fns.usda.gov/administration/evidence-based-SNAP-Ed-interventions).

**PURPOSE:** USDA’s Food and Nutrition Service is committed to ensuring that SNAP-Ed evidence-based interventions focus on MyPlate messaging and materials. The SNAP Nutrition Education Branch (NEB) is administering a survey to determine how MyPlate is being used in the SNAP-Ed Clearinghouse, including both FNS-developed MyPlate resources and SNAP-Ed agency-developed materials that address MyPlate. This survey aims to (1) determine which, if any, MyPlate materials, related-messages, resources, and/or information are being used in interventions included in the SNAP-Ed Clearinghouse; (2) identify if the intervention developers made any adaptations to the MyPlate materials; and (3) document any intervention success stories.

The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the USDA food guidance. FNS works with States and Territories to address food and nutrition security across the country through SNAP. SNAP-Ed, a component of SNAP, works to educate SNAP recipients and other eligible populations on how to stretch food dollars, be physically active, and make healthy choices in the food they purchase and eat.

USDA, the National Collaborative on Childhood Obesity Reduction (NCCOR), and the Association of SNAP Nutrition Education Administrators (ASNNA)developed the *SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States* (SNAP-Ed Toolkit) through a collaborative effort. As of March 2024, the 132 interventions formerly in the SNAP-Ed Toolkit, were moved to FNS’s SNAP-Ed Connection Clearinghouse at <https://snaped.fns.usda.gov/administration/evidence-based-SNAP-Ed-interventions>.

State agencies use this site to locate evidence-based interventions for their implementation of SNAP-Ed programming.

FNS will use the information collected from this survey to identify evidence-based SNAP-Ed interventions in the SNAP-Ed Connection that include or reference MyPlate. These interventions will be highlighted as “MyPlate-focused materials” on the SNAP-Ed Connection website.

This online survey will be administered using the Microsoft Forms platform. Once this information collection is approved, FNS will notify survey respondents via email. Respondents will be given 2 to 3 weeks to complete the survey. See screen shots of the survey included in Attachment A and the sample notification email in Attachment B.

**DESCRIPTION OF RESPONDENTS**: Respondents will include intervention developers who have an intervention in the SNAP-Ed Clearinghouse. Intervention developers can include SNAP-Ed partners, such as land-grant universities, State or local departments of health or education, Tribes or tribal organizations, food banks, and other private for-profit and/or non-profit organizations. The full list of intervention developers is in Attachment C.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ X] Quick census or surveys**

**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: Divyani Pendleton, Nutritionist, SNAP Nutrition Education Branch

Brittany Souvenir, Nutritionist, SNAP Nutrition Education Branch

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes **[X ] No**

Describe

No PII will be collected through this information collection.

1. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No All PII is securely destroyed after the research is completed.
2. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Sensitive Information:**

1. Will sensitive information, such as demographic characteristics, be collected from respondents?

[ ] Yes **[ X ] No**

1. If yes, explain the necessity of such information to the programmatic objective(s)?

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes **[ X ] No**

Describe

There are no incentives provided to participants.

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time (in hours)** | **Total Burden****Hours** |
| Federal Government (Federal government intervention developers) | 2 | 0.25 | 0.5 |
| State, local, or Tribal government (SNAP-Ed State and implementing agency dietitians and nutritionists) | 20 | 0.25 | 5 |
| Business, Non-Profit (SNAP-Ed implementing agencies, such as, universities, nutrition networks, food banks, and other nonprofit organizations) | 100 | 0.25 | 25 |
| Business, For Profit (for profit organization dietitians and nutritionists) | 10 | 0.25 | 2.5 |
| **Totals** | **132** |  | **33**  |

**FEDERAL COST:**

* FNS Staff time: $6417.18
	+ This includes survey creation, administration, data analysis, and reporting of findings.
	+ GS-13, Step 3 Nutritionist working 40 hours at a rate of $55.85/hour based on the 2024 General Schedule for the Atlanta locality; estimated cost plus 33% fully loaded wage rate is $2971.22
	+ GS-13, Step 2 Nutritionist working 40 hours at a rate of $56.93/hour based on the 2024 General Schedule for the Denver locality; estimated cost plus 33% fully loaded wage rate is $3028.68
	+ GS-14, Step 2 Supervisor Nutritionist working 5 hours at a rate of $62.75/hour based on the 2024 General Schedule for the Las Vegas locality; estimated cost plus 33% fully loaded wage rate is $417.29
* Survey Respondents: This includes time to read the recruitment email (Attachment B), complete the online survey, and to review any intervention materials to assist with answering the survey questions.
	+ Federal Government: $31.03
		- GS 13 Step 4 at the rate of $46.66/hour based on the 2024 General Schedule for the rest of US locality; estimated cost plus 33% fully loaded wage rate is $31.03
	+ State, local, or Tribal government: $221.71
		- Dietitians and Nutritionists at the base rate of $33.34/hour; estimated cost plus 33% fully loaded wage rate is $221.71
	+ Business, Non-Profit: $1562.75
		- Postsecondary Biological Sciences Teacher at the base rate of $47/hour; estimated cost plus 33% fully loaded wage rate is $1562.75
	+ Business, For Profit: $110.86
		- Dietitians and Nutritionists at the base rate of $33.34/hour; estimated cost plus 33% fully loaded wage rate is $110.86

**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

1. 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?

The survey (Attachment A) will be administered to intervention developers (Attachment C) who have an evidence-based SNAP-Ed intervention. There are 132 interventions in the Evidence-based SNAP-Ed Intervention database. Intervention developers can include SNAP-Ed partners, such as land-grant universities, State or local departments of health or education, Tribes or tribal organizations, food banks, and other private for-profit and/or non-profit organizations.

**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**

**See Attachments:**

Attachment A. SNAP-Ed Interventions MyPlate Survey screen shots

Attachment B. SNAP-Ed Interventions MyPlate Survey sample email for intervention developers

Attachment C. SNAP-Ed Interventions MyPlate Survey potential respondent list

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**PERSONALLY IDENTIFIABLE INFORMATION:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**SENSITIVE INFORMATION:** If you answer yes to the question, please describe the nature of the sensitive information being collected (e.g., race, sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private) and provide a justification for its use.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Businesses (i.e., Profit, Not for Profit, and/or Farms); (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**