

**Request for Approval under the “Fast Track Generic Clearance for the  
Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control  
Number: 0704-0553)**

---

**TITLE OF INFORMATION COLLECTION:** JB Charleston EFMP-Family Support Survey

**PURPOSE:** To survey the JB Charleston EFMP-FS population to identify service gaps and gauge the population's interest in support groups, events, and education opportunities.

**DESCRIPTION OF RESPONDENTS:**

Active duty military and their family members who are registered in the Exceptional Family Member Program (EFMP).

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

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

**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.

Annette Kimball  
Exceptional Family Member Program (EFMP) Family Support Coordinator  
Military & Family Readiness Center  
ORG BOX: 628FSS.FSFR.MILITARYANDFAMILY@US.AF.MIL

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
Individuals or Households	300	1 minute	5 hours
<b>Totals</b>	<b>300</b>		<b>5 hours</b>

**PUBLIC COST:** The estimated annual cost to the public is \$150.00, based on an estimated respondent hourly wage of \$30.00.

**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?

The customer list will be taken from the Q-code roster that lists all the sponsors that have at least 1 family member enrolled in the Exceptional Family Member Program. Alternatively, the surveys will be available for EFMP family members to pick up at the EFMP-FS Coordinators office. Additionally, the surveys will be emailed to the Q-coded sponsors with the option to complete and email back to the Joint Base Charleston EFMP-FS coordinator. If the member would like to remain anonymous, they can place their survey in a secure survey box at the front of the Military and Family Readiness Center. The box will be checked for surveys at the end of each business day.

**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 (On paper when respondents come to the EFMP-FS Coordinators Office)
  - ☐ Mail
  - ☐ Other, Explain
2. Will interviewers or facilitators be used? ☐ Yes ☒ No