Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [x] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [x] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [x] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [x] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [x] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [x] No
Collection does not raise issues of concern to any other Federal agencies. [x] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [x] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [x] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [x] No
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. [x] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

TITLE OF INFORMATION COLLECTION:

PURPOSE:

The purpose of this protocol is to describe the assessment of all Science Integrity Branch (SIB)-administered DGHT trainings provided to CDC staff and implementing partners (IPs) at headquarters and in country offices. These trainings are delivered to inform and instruct staff and partners on how to perform the activities associated with conducting and publishing research funded by DGHT. To verify and maintain a high quality of training, an assessment (see DGHT Training Assessment Form for instrument or Appendix A in SIB Training Assessment Protocol Amendment) will be provided to each participant via URL link to online survey tool shared via email upon completing an SIB-administered training. The data collected from the assessments will drive training improvements to best serve the in-country staff and implementing partners charged with conducting the scientific research critical to meet the goals set out by the Presidents Emergency Plan for AIDS Relief (PEPFAR) to control and ultimately end the HIV/AIDS epidemic.

DESCRIPTION OF RESPONDENTS:

Participants will include all DGHT staff members who attend a SIB training. These trainings are offered on an on-going basis and by request from HQ or in-country leadership or from individual staff members and implementing partners.

In order to receive feedback from participants, a brief assessment will be provided to all training participants to via an online survey (see DGHT Training Assessment Form for instrument or Appendix A in SIB Training Assessment Protocol Amendment or via URL) at the completion of each training course. Completing the assessment will be voluntary and no names of participants will be collected. The month and year of the training, the course name(s), and instructor name(s) will be collected on the form. Training participants can respond to any, none, or all of the questions. Once online assessments are completed, the data will be automatically collected and stored in a secure password-protected online surveying platform account (i.e. SurveyMonkey). Link to the online survey is: https://www.surveymonkey.com/r/C2NJPVZ.

As most IP training sessions have a large number of participants, confidentiality is not difficult to maintain. However, some SIB-administered trainings, e.g., HQ-based Country ADS training, are one-on-one; although names will not be collected on the assessment, the participant would be easily identified using other information collected. Therefore, to maintain anonymity, all online and paper form assessment data will be recorded and stored in a secure online surveying platform and will be exported and analyzed only in the aggregate.

IX. Sample size

The sample size will vary depending on the type of training, e.g. individual versus group.

The online training assessment form URL will be distributed at the end of each training course along with instructions for voluntary assessment completion. All responses will be automatically collected and stored in the backend of the online surveying platform. The response data will only be accessible to internal SIB staff via a single username and password-protected account.

The online training assessment process and tool will be piloted during one training session including up to 8 individuals to assess the effectiveness of the online assessment process as it is described in this protocol. After the completion of the pilot, results will be reviewed to determine if changes to the protocol are required before routine online training assessment data collection begins.
The paper form assessment will be distributed as a paper form at the end of each training. The completed forms will be transported back to Atlanta if training is done in country. Assessment data will be entered into online surveying platform using a CDC-HQ computer (by the study PI), and then verified for accuracy by a separate SIB staff member. Data will be stored on the online surveying platform, which is only accessible by staff internal to SIB by single username and password.
The training assessment process and tool will be piloted during one training session to assess the effectiveness of the assessment process as it is described in this protocol. After the completion of the pilot, results will be reviewed to determine if changes to the protocol are required before routine data collection begins.

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[] Usability Testing (e.g., Website or Software
[ ] Focus Group
[X] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] 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.

Name:Tanya Jennings_____

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] 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

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
Individuals (Pilot program)	8	5min	40 minutes
Individuals	400	5min	33 Hours
Totals	**408**	10	**33hr 40min**

FEDERAL COST: The estimated annual cost to the Federal government is __0.00_____

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?
   [x] Yes [ ] No

If Yes: Please provide a description of both below (or attach the sampling plan)
This assessment is offered to all participants of an SIB-led training. Respondents may include DGHT staff at headquarters, DGHT staff located in CDC Country offices, or implementing partner staff. SIB has developed these trainings to inform and provide instruction on human subjects research, DGHT science processes, and federal policies. These trainings are delivered virtually in most cases, with a small portion (<5%) delivered in person.
Implementing partners, which may be included in trainings and therefore may be respondents to this survey, are the recipients of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statue.

If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

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

2. Will interviewers or facilitators be used? [ ] Yes [x] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

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 concise 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 concise 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. The 'Other' category should be used only in the contexts in which the provided categories cannot reasonably apply.

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.

Gifts or Payments: As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are $40 for a one-hour interview and $75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.
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.

Please make sure that all instruments, instructions, and scripts are submitted with the request.