

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

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*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.*

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**TITLE OF INFORMATION COLLECTION:** Feedback on an Innovation Hub Training

**PURPOSE:** CDC has provided a service titled Innovation Hub Training to state/local partners, and CDC is now seeking feedback from those who received this service in order to improve upon the services provided.

Training includes but is not limited to:

- **Full Cohort Collaboration:** (3) Core Cohort Hub meetings will occur to initiate kick-off, at the mid-point, and the capstone of the Academy experience. The kick-off and mid-point meetings will be offered through either a web-based training (kick-off and mid-point) or an in-person symposium (capstone) and topics covered may include identifying and developing key technical skills, engaging in policy development processes, identifying, and braiding unique funding streams, and subject matter expert-led webinars related to the Academy curriculum.
- **Peer-to-peer learning:** Monthly Cohort Calls will offer an opportunity for peer-to-peer learning through more informal ‘office hours’ style sessions that will encourage discussion and sharing between cohort members. A skilled facilitator will be assigned to calls to help initiate discussion, provide feedback, and document learnings.
- **One-on-one coaching:** Additional one-on-one coaching will be available as needed and requested between web-based trainings and peer learning sessions. TTA may be geared toward helping cohort complete capstone project.
  - o *TTA Navigator:* NNPHI will act as TTA navigator to connect cohort members with subject matter experts for content specific one-on-one coaching. NNPHI will develop an online form for participants to request TTA.

**DESCRIPTION OF RESPONDENTS:**

Public health professionals at the state, tribal, local, and territorial levels will participate in the training and TA and will serve as respondents. Responsibilities of these public health leaders may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise. These leaders should have strong skills or interest in data literacy, systems thinking, needs analysis, visual communication, integrative thinking, and community-based planning. CDC and NNPHI are particularly interested in supporting health strategists focusing on healthcare, housing and/or transportation related issues but will also consider supporting participants engaged in other cross-sectoral work.

**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

☒ 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: Andrea Neiman

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 [ ] 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	Form Name	No. of Respondents	Participation Time	Burden (in hours)
Customer / Participant	Orientation Assessment	25	3/60	1
Customer / Participant	In-Person Post Session	25	3/60	1
Customer / Participant	In-Person Session Assessment	25	4/60	2
Customer / Participant	Post-Program Assessment Instrument	25	4/60	2
Customer / Participant	Post-Program Interview Discussion Guide	25	5/60	2
Totals		125		8 hours

# respondent \* participation time

**FEDERAL COST:** The estimated annual cost to the Federal government is \_0

**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 will be for those who participate in the trainings.***

**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)
- [ ] Web-based or other forms of Social Media
  - [ ] Telephone
  - [ x ] In-person
  - [ ] Mail
  - [ ] Other, Explain
2. Will interviewers or facilitators be used? [ x ] Yes [ ] No
- Potential for focus group approach and/or small group discussion.

**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”**

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**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.**