

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: Award Management Platform Customer Satisfaction Surveys-Division of Oral Health

PURPOSE:

The Division of Oral Health (DOH) and other divisions in the National Center for Chronic Disease Prevention and Health Promotion use the online Award Management Platform (AMP) to collect technical assistance requests from cooperative agreement recipients. To improve the quality of technical assistance, the Division of Oral Health developed a survey with one multiple choice question (three response options) and an optional text box. Each cooperative agreement recipient who receives technical assistance via AMP will be asked to voluntarily complete the web-based customer satisfaction survey. The survey instrument will be housed in the online AMP system.

Survey data will be used to improve the quality of technical assistance provided to cooperative agreement recipients by CDC DOH subject matter experts and technical assistance providers funded by CDC DOH cooperative agreements.

DESCRIPTION OF RESPONDENTS:

Respondents will be state dental directors and state level staff who support DP18-1810 and receive technical assistance via the Award Management Platform.

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

- | | |
|--|--|
| <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.

Name: Khadija Turay

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, 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 N/A

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ 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
Respondents will be state dental directors and state level staff who support DP18-1810 and receive technical assistance via the Award Management Platform.	47	2/60	1.5

FEDERAL COST: The estimated annual cost to the Federal government is \$1332.19. This includes costs of CDC oversight of the Award Management Platform database, data collection, data analysis, and reporting; and the contractor's costs to make recommendations about how to help the Award Management Platform meet customer needs.

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 Yes: Please provide a description of both below (or attach the sampling plan)

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

The universe of potential respondents includes staff and consultants/contractors of states that receive funding through the DP18-1810 cooperative agreement.

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 [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.

Award Management Platform Customer Satisfaction Surveys-Division of Oral Health

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.

The Division of Oral Health (DOH) and other divisions in the National Center for Chronic Disease Prevention and Health Promotion use the online Award Management Platform (AMP) to collect technical assistance requests from cooperative agreement recipients. To improve the quality of technical assistance, the Division of Oral Health developed a survey with one multiple choice question (three response options) and an optional text box. Each cooperative agreement recipient who receives technical assistance via AMP will be asked to voluntarily complete the web-based customer satisfaction survey. The survey instrument will be housed in the online AMP system.

Survey data will be used to improve the quality of technical assistance provided to cooperative agreement recipients by CDC DOH subject matter experts and technical assistance providers funded by CDC DOH cooperative agreements.

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.

Respondents will be state dental directors and state level staff who support DP18-1810 and receive technical assistance via the Award Management Platform.

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.

Customer Satisfaction Survey

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.

- PII will not be collected

- Information that will be collected will **not be** included in records that are subject to the Privacy Act of 1974.
- If Applicable, has a System or Records Notice been published? [] Yes [] No **N/A**

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.

No gifts or incentives will be provided to survey respondents.

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.

Category of Respondent	No. of Respondents	Participation Time	Burden
Respondents will be state dental directors and state level staff who support DP18-1810 and receive technical assistance via the Award Management Platform.	47	2/60	1.5

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

The estimated annual cost to the Federal government is \$1332.19. This includes costs of CDC oversight of the Award Management Platform database, data collection, data analysis, and reporting; and the contractor's costs to make recommendations about how to help the Award Management Platform meet customer needs.

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.

The Division of Oral Health has a list of everyone who can request technical assistance in AMP. The universe of potential respondents includes staff and consultants/contractors of states that receive funding through the DP18-1810 cooperative agreement.

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.

Data will be collected in a web-based form within AMP.

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