

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. ☒ Yes ☐ No	Information gathered will be publicly released or published. ☐ Yes ☒ No
Data is qualitative in nature and not generalizable to people from whom data was not collected. ☒ Yes ☐ No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) ☐ Yes ☒ No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). ☒ Yes ☐ No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). ☐ Yes ☒ No
Collection does not raise issues of concern to any other Federal agencies. ☒ Yes ☐ No	Other Federal agencies may have equities or concerns regarding this collection. ☐ Yes ☒ No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. ☒ 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 ☒ 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. ☒ 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.*

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

TITLE OF INFORMATION COLLECTION: 2024 Science Ambassador Regional Training Workshop Satisfaction Survey

PURPOSE:

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback for the 2024 CDC Science Ambassador Regional Training Workshops held in Washington, DC (April 12, 2024), East Lansing, MI (May 23, 2024), and Seattle, WA (June TBD, 2024).

The CDC Science Ambassador Regional Training Workshops provide a unique opportunity for middle school and high school teachers to interact with a variety of CDC and local public health professionals, including CDC’s Epidemic Intelligence Service officers. The one-day training workshops consist of interactive sessions focused on how to teach public health and how to raise awareness about public health careers among their students.

The goal of this survey is to improve the experiences of regional training workshop participants and to ensure the training is meeting its goals and participant needs. This information collection will be used by CDC Science Ambassador regional training workshop staff to refine the workshops and to improve logistics, communication, and quality of future sessions.

DESCRIPTION OF RESPONDENTS:

Respondents to the 2024 Science Ambassador Regional Training Workshop Satisfaction Survey (Attachment 1, Survey Word document and Attachment 2, Survey Screenshots) will be the 2024 Science Ambassador Regional Training Workshop participants. Participants include Science, Technology, Engineering, and Mathematics (STEM) educational leaders and middle and high school teachers from across the United States.

No personally identifiable information (PII) will be collected; should any respondents provide PII, it will not be retained.

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: _____ |

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: **Marie Kumerow, MPH**

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

BURDEN HOURS

The satisfaction survey will be web-based and includes 28 questions. Respondents will take approximately 13 minutes to complete the survey through Survey Monkey. For the 2024 Science Ambassador Regional Training Workshops, we are seeking approval to collect feedback from 100 non-federal individuals (i.e., middle school, high school, community college professors, and other educators). Given 100 respondents with a response time of 13 minutes each, the total response burden will be 21.6 hours. There will be no direct costs to the respondents other than their time to respond to the survey.

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	100	13 min	21.6 hours
Totals			21.6 hours

FEDERAL COST:

The average annualized cost to the Federal Government to collect this information is \$1407.20. This estimate is based on the time required for one CDC program evaluator/health scientist (GS-12) to design survey, create web-based survey, implement the survey, analyze the data, and develop recommendations for improvement. One CDC public health analyst (GS-13) will provide supervision and support to these activities.

Staff or Contractor	Hours	Average Hourly Rate	Cost
Public Health Analyst/Evaluator (GS-13) – supervision and support	5	\$61.29	\$306.45
Health Scientist/Evaluator (GS-12) – survey design, create web-based survey, implementation, analysis and reporting	25	\$44.03	\$1100.75
Totals	30		\$1407.20

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 [x] No

The 2024 participants will be invited to participate in the Science Ambassador Regional Training Workshop Survey during the last few minutes of the final workshop session. After each Science Ambassador Fellowship Regional Training Workshops has concluded, an invitation email (Attachment 3, Invitation Email) with an anonymous link to the survey will be sent to all 2024 Science Ambassador regional training workshops participants who provided an email address. Individual participant demographic and school information questions are voluntary and are presented as optional questions in the survey. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses. Respondents will be given 2 weeks to respond to the survey. Respondents will have to complete the survey in one sitting as the survey tool does not allow respondents to return to edit or complete the survey. The survey does not track individual responses. A reminder email (Attachment 4, Reminder Email) will be

sent twice: one email at the beginning of week 2 and the second email on the day the survey closes. The survey was cleared as a STARS project determination (Attachment 5).

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 ☒ No

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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.