Request for Approval under the "Voluntary Partner Surveys to Implement Executive Order 12862" (OMB Control Number: 0906-0084)

TITLE OF INFORMATION COLLECTION: FTCA Office Hours Participant Feedback Survey

PURPOSE: The Federal Tort Claims Act (FTCA) Office Hours Participant Feedback Survey is designed to gather participant feedback on the quality, usefulness, and effectiveness of Office Hours sessions. This information is used to support program and customer service improvements.

DESCRIPTION OF RESPONDENTS: FTCA-deemed health centers, free clinics, and Primary Care Association (PCA) representatives who participate in FTCA Office Hours to receive one-on-one technical assistance related to compliance issues and other FTCA application-related questions.

TYPE OF COLLECTION: (Check one)

[ ] 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.
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: Angela Richardson

To assist in review, please provide answers to the following questions:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 [X] N/A
3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No [X] N/A

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time (hours)**	**Burden Hours Total**
Health Center Office Hours Participants	1,185	.05	59.25 hours
PCA Office Hours Participants	50	.05	2.5 hours
Free Clinic Office Hours Participants	238	.05	11.9 hours
Totals	1,473	.05	73.65 hours

FEDERAL COST:

The estimated annual cost to the federal government is $4,131.93, which includes:

> **$175.05**: GS 13, 2 hours for review and oversight. GS 13 Rate: (Washington DC area) at (58.35x1.5).
>
> **$206.88**: GS 14, 2 hours for review and oversight. GS 14 Rate (Washington DC area) at (68.96x1.5)
>
> **$3,750:** Contractor, 30 hours for feedback analysis ($125x 30)

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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

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?

FTCA-deemed health centers, PCAs, and free clinics request Office Hours and determine which representatives from their organizations will participate. Only individuals who attend an Office Hours session will receive the survey.

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
   [X] Other, Explain: The feedback survey will be sent electronically to participants after they attend their scheduled Office Hours session, either through an electronic survey system or via email.
   Will interviewers or facilitators be used? [ ] Yes [X] No

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