

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2010-0042)

TITLE OF INFORMATION COLLECTION: Decision Integration for Strong Communities Application Customer Satisfaction Survey (EPA ID: 2434.90)

PURPOSE:

The purpose of this survey is to collect information to increase our understanding of how target audiences respond to and possibly use the Decision Integration for Strong Communities (DISC) application. The genesis of the DISC application formed at the request of Region 10 in response to communities seeking readily accessible, integrated information about community environmental characteristics, decision factors and related planning resource possibilities (e.g., EPA supported/contributed websites, databases, and funding opportunities). The primary goal for developing the DISC application is to provide communities in the Region 10 service area with an easy to navigate, self-contained, downloadable tool that may help inform local planning discussions concerning the preservation or improvement of quality of life outcomes in the context of community sustainability. The DISC application was developed collaboratively by EPA Region 10 and EPA’s Office and Research and Development with input from select community planning and development leaders for whom DISC is designed to serve. Information from the proposed survey will help us determine if improvements can be made for presenting current information and identify suggestions for future development in application content, features, and functions.

DESCRIPTION OF RESPONDENTS:

The proposed respondents include public health professionals, urban planners, local leaders, environmental professionals, and community stakeholders. The target audience for this survey may include specific members in federal, state, local or tribal governments.

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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.
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: Linda Harwell
 USEPA-ORD-NHEERL-GED-EAB
 DISC Technical Development Co-Lead
 As part of ORD's Sustainable and Health Communities Research Program
 Regional Sustainability and Environmental Sciences (RESES) Research

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? NA

Gifts or Payments:

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

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BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
State, local or tribal governments	150	10 min. per participant (maximum)	25 hours
Totals	150	10 min. per participant (maximum)	25 hours

FEDERAL COST: The estimated annual cost to the Federal government is:
 8 hours per year x \$48.78 per hour = \$390.24

This estimate assumes one survey, possibly annually, based on a GS-13 (Step 6) hourly rate. The 150 number of respondents estimate represents a potential maximum. Fewer are expected.

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

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?

The specific respondents will be identified based on expressed interest following introductory seminars. Currently, there are three separate seminars planned. Web-based survey url/link will be

provided to seminar attendees wishing to participate in the application preview. Seminar attendees may include federal partners and university educators. Survey results will be collected using an anonymous online survey tool (e.g., SurveyMonkey subscription licensed through Region 10).

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
3. **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 brief 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 brief 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.

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: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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.