

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” OMB Control Number: 0596-0226**

---

**TITLE OF INFORMATION COLLECTION:**

USDA Forest Service Region 2 Leave No Trace Assessment Survey

**PURPOSE:**

The Leave No Trace Center for Outdoor Ethics (the Center) will assist the Rocky Mountain Region in gaining a broader understanding of recreation-related resource impacts occurring throughout the region and the effectiveness of associated outdoor user ethics education efforts. Specifically, the Center will help the Rocky Mountain Region in obtaining baseline data on recreation resource conditions, perceptions of impacts, and potential solutions, as well as assess and analyze emerging management/visitor education concerns of the region. For the purposes of this survey, the USDA Forest Service “Region 2” refers to the national forests and grasslands in Colorado, Wyoming, South Dakota, Kansas, and Nebraska.

**DESCRIPTION OF RESPONDENTS:**

The respondent universe for this survey could include individuals from the following populations: Region 2 USFS personnel, USFS volunteers, regional tourism entities, non-profit cooperators, outfitter and guide services in the region, key regional stakeholders, county and state representatives, outdoor industry representatives, destination marketing representatives, and recreation providers.

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Online Survey via Qualtrics</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary. YES
2. The collection is low-burden for respondents and low-cost for the Federal Government. YES
3. The collection is non-controversial and does not raise issues of concern to other federal agencies. YES
4. The results are not intended to be disseminated to the public. YES
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions. YES
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. YES

Name & Contact Information: Ben Lawhon, Leave No Trace Center for Outdoor Ethics, Ben@LNT.org or 303.442.8222 x 104 and Chad Schneckenburger, R2 Regional Trails and Dispersed Recreation Program Manager Chad.Schneckenburger@usda.gov

–

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Federal Government	100	9 minutes	15
Private Sector	100	9 minutes	15
State, local, or tribal governments	50	9 minutes	7.5
<b>Totals</b>			

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6741.00

**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 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?

Respondents will be identified through consultation with Region 2 USFS staff to determine the most appropriate and relevant respondents. Additionally, known contacts throughout the region may be asked to provide contact information for additional respondents who may be able to offer insight regarding recreation patterns, impacts, and opportunities throughout the region.

## Administration of the Instrument

1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media – Qualtrics Survey Platform (online, self-administered) surveys will be used for data collection
  - Telephone
  - In-person
  - Mail
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  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. (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.**