

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

**TITLE OF INFORMATION COLLECTION:** 2023 CDC Science Ambassador Fellowship Exit Survey

**PURPOSE:** The Epidemiology and Laboratory Workforce Branch (proposed) in the Division of Workforce Development at the Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback from Science Ambassador fellows and alumni regarding the Science Ambassador Fellowship (SAF). Typically, the Science Ambassador Fellowship consists of a 5-day summer course and 1-year distance-based professional development opportunity for middle and high school STEM teachers and educational leaders interested in bringing public health into their classrooms. However, the current cohort of fellows were accepted into the program in February 2020 and attended the summer course as one of three mini-courses in summer 2022. A survey will be used to collect feedback on their experience participating as a fellow or peer leader in the SAF program. The information obtained from the survey will be used to plan future events and improve resources available on the CDC website targeting middle and high school STEM teachers.

**DESCRIPTION OF RESPONDENTS:** The respondents are teachers and educational leaders who attend the SAF Summer Course sessions as fellows or peer leaders. These teachers and educational leaders were selected into the Science Ambassador Fellows 2020 class or are Science Ambassador alumni from 2002 – 2019 who participated as peer leaders. No personally identifiable information (PII) will be collected; should any respondents provide PII as part of an open-ended response, it will not be retained.

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

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

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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

**Gifts or Payments:**

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

## BURDEN HOURS

The survey will be web-based and includes (at most) 24 questions. Respondents will take approximately 12 minutes to complete each survey through Survey Monkey. This estimate is based on piloting the survey with three CDC staff. We are seeking approval to collect feedback from approximately 26 non-federal individuals. There will be no direct costs to the respondents other than their time to respond to the survey.

Survey Title	Number of Respondents	Participation Time	Burden
2023 CDC Science Ambassador Fellowship Exit Survey	26	12/60	5.2 hours
<b>Totals</b>			5.2 hours

**FEDERAL COST:** There are no equipment or overhead costs. The average annualized cost to the Federal Government to collect this information is \$1,973.70. This estimate is based on the time required for one CDC FTE (GS-13) to supervise and one CDC FTE (GS-12) to design the survey, develop the web-based survey, implement the survey, analyze the data, and develop recommendations for improving the Science Ambassador program on the basis of survey results.

Staff or Contractor	Hours	Average Hourly Rate	Cost
FTE (GS-12): Design survey, create web-based survey, analyze data and report results.	40	\$42.05	\$1682.00
FTE (GS-13): Provide guidance on data analysis. Provide feedback on the final report.	5	\$58.34	\$291.70
<b>Totals</b>	<b>45</b>	<b>-</b>	<b>\$1,973.70</b>

**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?

### 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

**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”**

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**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.**