

**Request for genIC Approval
CDC/ATSDR Formative Research and Tool Development**

0920-1254

CIO: NCZEID

PROJECT TITLE: CDC's One Health Zoonotic Disease Prioritization (OHZDP) Evaluation Process

PURPOSE AND USE OF COLLECTION:

CDC's One Health Office designed the evaluation of the OHZDP process to assess the outcomes of the OHZDP process and if, and how, the OHZDP workshop outcomes may have impacted the current One Health progress in the location.

DESCRIPTION OF RESPONDENTS:

OHZDP workshop organizers and attendees are included in the respondent universe.

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. Information gathered will not be used to substantially inform influential policy decisions.
5. The study is not intended to produce results that can be generalized beyond its scope.

Name: __Grace Goryoka_____

To assist review, please answer the following questions:

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

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Workshop Organizer	OHZDP Interest Intake Form (Attachment 1)	8	1	15/60	2
Workshop Organizer	OHZDP Baseline Survey (Attachment 2)	8	1	15/60	2
Training Attendee	OHZDP Facilitator Training Survey (Attachment 3)	150	1	15/60	38
Workshop Attendee	OHZDP Participant Survey (Attachment 4)	400	1	15/60	100
Workshop Organizer	OHZDP Next Steps Tracker (Attachment 5)	8	3	30/60	12
Workshop Organizer	OHZDP Post Workshop Survey (Attachment 6)	8	1	15/60	2
Workshop Organizer	Retrospective Survey	20	1	15/60	5

	(Attachment 7)				
Total					161

FEDERAL COST: The estimated annual cost to the Federal government is \$12,238

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?

Potential respondents will be identified by including all locations that reach out to the CDC One Health Office to complete an OHZDP Workshop or OHZDP Facilitator Training. All locations that complete a workshop or training will be selected for voluntary evaluation.

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 all instruments, instructions, and scripts are submitted with the request.

Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is requested.

PURPOSE and USE: 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: Briefly describe the targeted group/groups for this collection.

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.

Form: Provide the title of the information collection form.

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 in Minutes: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

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.