

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 1660-0130)**

TITLE OF INFORMATION COLLECTION: Qualitative Feedback on U.S. Fire
Administration's Analytical Reports

**Qualitative Feedback on U.S. Fire Administration's Analytical Reports, FEMA Form
FF-USFA-FY-22-120 (formerly FEMA Form 519-0-2)**

PURPOSE: The U.S. Fire Administration (USFA) National Fire Data Center (NFDC) collects data from a variety of sources to provide information and analyses on the status and scope of the fire problem in the United States. USFA's NFDC uses these data to compose and disseminate analytical/statistical reports that highlight current and emerging trends in fires, including what causes fires, where they occur, and who is impacted most by fire. USFA's NFDC has developed a feedback form in order to evaluate the usefulness and quality of the analytical/statistical reports. This feedback form will be web-based and made available on-line to readers of our reports via USFA's website (readers will be asked to voluntarily complete the form).

DESCRIPTION OF RESPONDENTS: A link to the qualitative feedback form will be found in each of USFA's analytical/statistical reports. On a voluntary basis, readers of the reports will be able to click on a link which will take them to a webpage where they can complete the form. Readers of the reports come from a variety of backgrounds (State, Local or Tribal Government, Individuals or households, Business or other for-profit, Farms, Not-for-profit institutions, or Federal Government) and have many different reasons for the use of data contained in the reports (personal use to public education/safety to fire code enforcement).

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>Qualitative Feedback Form</u> |

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.

X Meredith Lawler

Meredith Lawler

Name: _____ Signed by: MEREDITH L LAWLER

Meredith Lawler (301) 447-1421

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 estimated annual burden hours is **3.5 hours**;

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local or tribal governments	15	7 minutes	1.75 hours
Private Sector	15	7 minutes	1.75 hours
Totals	30		3.5 hours

FEDERAL COST: The estimated annual cost to the Federal government is **\$800**;

Annual Cost to Federal Government	Cost
Staff Salaries:	\$800
Computer Hardware & Software [Cost of equipment annual lifecycle sustainment cost]	
TOTAL	\$800

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?

At the end of each of USFA's analytical reports, there is a link that will take the reader directly to the analytical report feedback form. Any reader of our reports has the opportunity to use the form to comment on the report.

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”

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.