

Consent Form

About this Form

You are being asked to participate in a USDA Customer Experience effort because you have valuable perspectives to lend on the research being conducted by the USDA Office of Customer Experience (OCX). The researchers will collect information related to your experience accessing and using USDA capacity-building resources.

Research Activities

As part of this research effort, you may be asked to participate in some or all of these activities:

- **Interviews, Focus Groups, or Surveys:** You may be asked questions and have a conversation about your experience.
- **Artifacts:** You may be asked to share items, like outreach or training materials.

For this effort, one person will be interviewing you and there may be others taking notes. You will have the choice whether or not you will allow the researchers to take photographs or make audio recordings of you and your surroundings. Each meeting will typically last 45 minutes, but could last longer with your approval.

1. **Participation in this effort is voluntary.** You may stop at any time. You may also refuse to answer any questions that you do not wish to answer. If you choose not to participate or to withdraw from this effort, there will be no penalty or loss of benefits to which you are otherwise entitled.

☐ Agree ☐ Disagree

2. **You will not receive any compensation or personal benefit for taking part in this effort;** however, others may benefit from the ideas developed based on the experiences that you share with the researchers.

☐ Agree ☐ Disagree

3. **USDA will take appropriate precautions to protect your privacy.** The researchers will use the data gathered during this effort to make recommendations about improving the outreach, training, and other capacity- building activities offered to cooperators.

☐ Agree ☐ Disagree

Printed Name: _____

Signature: _____

Date: _____

Privacy Act Statement

We do not collect personally identifiable information (PII) without your explicit consent. Any PII you choose to provide USDA will be used only for the purpose for which you provided it. We will protect your information consistent with the principles of the Privacy Act of 1974, the E-Government Act of 2002, and the Federal Records Act.

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0024, with an expiration date of 04/30/2026. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Control Number: 0503-0024

Exp. Date: 04/30/2026