

**Request for Approval under the “Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
(OMB Control Number: 1660-0130)**

TITLE OF INFORMATION COLLECTION: FEMA Form FF-008-FY-24-100, Continuous Improvement Technical Assistance Program (CITAP) Advisory Services Feedback Form (Email); FEMA Form FF-008-FY-24-101, Continuous Improvement Technical Assistance Program (CITAP) Advisory Services Feedback Form (Web)

PURPOSE: The Continuous Improvement Technical Assistance Program (CITAP) offers Advisory Services to SLTT partners to advise them in areas of continuous improvement, such as research methodologies, survey design, and writing AARs. The CITAP team would like to administer a feedback form to SLTT partners who have used these advisory services in order to gather their feedback on what went well and/or what can be improved upon in our service delivery. This feedback form would be built using Survey Monkey or Microsoft Forms and would be sent directly to those partners who received services. The feedback form is less than 10 questions and employs the use of display logic to tailor the form to the respondent.

DESCRIPTION OF RESPONDENTS: Respondents are most likely to be state, local, tribal and territorial partners working in emergency management. Respondents may be employees of the U.S. federal government. Respondents may be federal government contractors.

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.

Digital Signature: _____

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 to respondents is 1.0000 hours.

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|-------------------------------------|--------------------|--------------------|-------------|
| State, local, or tribal governments | ~10 per year | 6 minutes | 1.0000 |
| | | | |
| Totals | | | 1.0000 hour |

FEDERAL COST: The estimated annual cost to the Federal government is \$755.

Staff Salaries: 1 GS 13 Step 1 employee in Washington, DC spending 5 hours of their time annually to review data/survey for this data collection & 1 GS 12 Step 1 employee in Washington, DC spending 5 hours of their time annually to review data/survey for this data collection.¹²

Facilities - \$0

Computer Hardware and Software - \$0 (CITAP has an existing Survey Monkey license – using Survey Monkey for this feedback form will be no additional cost)

Equipment Maintenance - \$0

Travel - \$0

Printing - \$0

Other - \$0

[1 GS 12 x \$47.53 x 5 hours x 1.45 = \$345]

[1 GS 13 x \$56.52 x 5 hours x 1.45 = \$410]

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 Office of Personnel Management 2024 Hourly Pay and Leave Tables for the Washington-Baltimore-Arlington, DC-MD-VA-WV-PA locality. Available online at https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2024/DCB_h.pdf. Accessed July 30, 2024.

² Wage rate includes a 1.45 multiplier to reflect the fully-loaded wage rate.

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?
[X] 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?

Response: We will use a list of those individuals who have previously requested advisory services. We will have already met with and provided advisory services to these individuals and thus will have their email addresses. All recipients of advisory services will receive this optional feedback form.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of social media
[] Telephone
[] In-person
[] Mail
[X] Other: Email
2. Will interviewers or facilitators be used? [] Yes [X] 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.