

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** Post-Meeting Questionnaire of Attendees at the 2020 Climate Ready States and Cities Initiative (CRSCI) Recipients Meeting

**PURPOSE:**

The purpose of the data collection request is to collect feedback on the Climate Ready States and Cities Initiative (CRSCI) Recipients Meeting, being held on March 10<sup>th</sup>-11<sup>th</sup>.

The Climate and Health Program (CHP) provides support to state and city health departments to address the health effects of climate change through CRSCI. The various teams of the Program – climate science, evaluation, communications, surveillance, and program – provide technical assistance and programmatic support to CRSCI recipients as they implement and evaluation their climate and health adaptations.

This proposed information collection consists of a questionnaire of both multiple choice and open-ended questions, designed to collect feedback from CRSCI recipients regarding their satisfaction with the 2020 CRSCI Recipients Meeting. This meeting is being held to allow recipients to collaborate with fellow recipients, federal and non-profit partners, and hear from CDC leadership on future directions for the Program and CRSCI.

**DESCRIPTION OF RESPONDENTS:**

We are expecting a total attendance of 47 attendees at the 2020 CRSCI Recipients Meeting. The online, live questionnaire (Attachment A) will be offered to all meeting attendees, consisting of CRSCI-funded recipients and partners. All attendees who will be asked to participate in this information collection are not Federal Employees – they are all affiliated with state, local, or tribal governments, NGOs, or their contracted employees.

**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.

Name: \_\_\_\_\_

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**

Category of Respondent	No. of Respondents	Participation Time	Burden
Meeting attendees (non-Federal recipients and stakeholders)	47	10/60	8 hours
<b>Totals</b>	<b>47</b>		<b>8 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$155. This cost reflects approximately 4 hours of salary (GS-12 equivalent) for one staff person to design and implement the survey and draft an internal report of results.

**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?

All meeting attendees will be surveyed; there will be no sampling plan for selecting from this group. Participation is voluntary, and any attendee in the room during data collection is able to answer live using the online link provided.

**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

The program will use Poll Everywhere® to collect online responses in real time. This collection instrument does not collect any personally identifiable information.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

The following attachments are included:

Attachment A: 2020 CRSCI Recipients Meeting Evaluation (screenshot)

Attachment B: 2020 CRSCI Recipients Meeting Evaluation (text)

Attachment C: STARS Research/PRA Determination Form