

# ROUTING AND TRANSMITTAL SLIP

DATE  
March 1, 2007

TO: (Name, office symbol, room number, building, Agency/Post)	INITIALS	DATE
1 VA's OMB Desk Officer		
2 OMB Human Resources and Housing Branch		
3 New Executive Office Building		
4 Room 10235		
5 Washington, DC 20503		

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|--|--|--|
| <input type="checkbox"/> ACTION<br><input type="checkbox"/> APPROVAL<br><input type="checkbox"/> AS REQUESTED<br><input type="checkbox"/> CIRCULATE<br><input type="checkbox"/> COMMENT<br><input type="checkbox"/> COORDINATION | <input type="checkbox"/> FILE<br><input checked="" type="checkbox"/> FOR CLEARANCE<br><input type="checkbox"/> FOR CORRECTION<br><input type="checkbox"/> FOR YOUR INFORMATION<br><input type="checkbox"/> INVESTIGATE<br><input type="checkbox"/> JUSTIFY | <input type="checkbox"/> NOTE AND RETURN<br><input type="checkbox"/> PER CONVERSATION<br><input type="checkbox"/> PREPARE REPLY<br><input type="checkbox"/> SEE ME<br><input type="checkbox"/> SIGNATURE<br><input type="checkbox"/> |
|--|--|--|

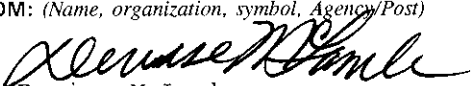
**REMARKS**


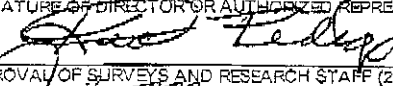
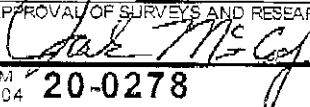
Subj: Veterans Benefits Administration Loan Guaranty Service Customer Satisfaction Survey, OMB Control No. 2900-0569, Veteran, Lender and SAH

The attached documentation contains the subject proposal to conduct a national survey by the Veterans Benefits Administration (VBA). This survey is submitted for your quick review and inclusion in the OMB public docket file as required by the terms of VBA's generic clearance. If there are questions, please notify Elysium Drumm at (202) 273-5921.

Attachment

**DO NOT** use this form as a **RECORD** of approvals, concurrences, disposals, clearances, and similar actions.

<p>FROM: (Name, organization, symbol, Agency/Post)</p> <p> Denise McLamb Department of Veterans Affairs Records Management Service (005G2)</p>	<p>ROOM NO. - BLDG.</p> <p>1246, TechWorld</p> <hr/> <p>PHONE NO.</p> <p>565-8374</p>
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 <b>Department of Veterans Affairs</b>		<b>REQUEST FOR VBA REVIEW - CUSTOMER SURVEYS</b>	
<p><b>IMPORTANT:</b> Read VBA Letter 20-04-19 before completing form. This form is to be used to request VBA review of information collections pertaining to customer satisfaction and service, covered by the Office of Management and Budget (OMB) generic clearance approval number 2900-0569. Send two copies of this form, the material to be reviewed, and the supporting statement (if necessary), to:</p> <p style="text-align: center;">VBA PUBLICATIONS CONTROL OFFICER (20M35) 810 VERMONT AVENUE, NW WASHINGTON, DC 20420-0001</p>			
1. COMPLETE NAME AND ADDRESS OF OFFICE ORIGINATING REQUEST		2. MAIL ROUTING SYMBOL	
VBA Loan Guaranty Service (26) 810 Vermont Ave., NW Washington, DC 20420		26	
3A. NAME OF PERSON WHO CAN BEST ANSWER QUESTIONS REGARDING THIS REQUEST		3B. TELEPHONE NUMBER (include Area Code)	
Elysium Drumm		(202) 273-5921	
4. TITLE OF INFORMATION COLLECTION		5. STAGE OF DEVELOPMENT	
Loan Guaranty Service Customer Satisfaction Surveys - Veteran, Lender and SAH		<input type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> FINAL	
6. DESCRIBE NEEDS, USES, AND AFFECTED PUBLIC IN 50 WORDS OR LESS			
<p>The LGY Service staff, under the VBA, Department of Veterans Affairs (VA) is involved in a project to conduct Customer Satisfaction Surveys of key program participants; Veterans, Lenders and SAH Grant recipients. Results of the surveys will be used to modify the program where appropriate, in order to better serve program participants, to comply with GPR requirements, and to report program performance measures to the Department and OMB. Past customer satisfaction surveys have been extremely useful tools in gauging how we can improve customer service, and how program and policy changes and modifications, and new information technology initiatives have impacted the satisfaction levels of our program participants and stakeholders.</p>			
7. TYPE OF INFORMATION COLLECTION (See definitions in VBA Letter 20-04-19)		8. TYPE OF REVIEW REQUESTED	
<input type="checkbox"/> QUALITATIVE (FOCUS GROUPS) <input checked="" type="checkbox"/> QUANTITATIVE (CUSTOMER SURVEYS) (Include supporting statement with submission)		<input type="checkbox"/> A. NEW COLLECTION <input type="checkbox"/> B. EXISTING COLLECTION IN USE WITH OMB APPROVAL <input type="checkbox"/> C. REVISION OF CURRENT OMB APPROVED COLLECTION <input type="checkbox"/> D. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION. <input type="checkbox"/> E. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION. <input type="checkbox"/> F. EXISTING COLLECTION IN USE WITHOUT OMB APPROVAL	
9. ANNUAL REPORTING OR DISCLOSURE BURDEN		10. REQUESTED EXPIRATION DATE (NTE 1/2007)	
A. NUMBER OF RESPONDENTS	12460	<b>FOR VA USE ONLY</b>  CONTROL NUMBER:  2900-0569	
B. NUMBER OF RESPONSES PER RESPONDENT	1		
C. TOTAL ANNUAL RESPONSES (LINE A TIMES LINE B)	12460		
D. HOURS PER RESPONSE	.25		
E. TOTAL HOURS (LINE C TIMES LINE D)	3115		
<b>PAPERWORK CERTIFICATION</b>			
In submitting this request for VBA approval, the Director or an authorized representative certifies that the statistical standards or directives and any other applicable information policy directives have been complied with.			
11A. SIGNATURE OF DIRECTOR OR AUTHORIZED REPRESENTATIVE		11B. DATE	
		1-30-07	
12A. APPROVAL OF SURVEYS AND RESEARCH STAFF (20B4)		12B. DATE	
		1/31/07	