

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0769)

TITLE OF INFORMATION COLLECTION: Department of Veterans Affairs Financial Services Center Customer Support Help Desk Survey

PURPOSE: VA Financial Services Center’s (FSC) Customer Support Help Desk (CSHD) provides customer support to vendors who receive payments from VA. Our current interactions are through phone calls and emails. Unless a vendor escalates a customer service issue or chooses to provide positive feedback to a Supervisor, we have no way of knowing if we are truly meeting the vendor’s/customer’s needs or providing the level of customer service the FSC expects. We are looking to improve our level of customer service to our vendors related to their inquiries and to validate the tools we are currently using meet their needs. We plan to survey customers to gather feedback on their customer service experiences to date, validate the reasons for their calls, how we can improve the customer experience and what methods of obtaining the information they feel would be most effective. This information will be useful to improve the existing service delivery and future delivery as we enhance our internal systems used by technicians to support customer inquiries.

DESCRIPTION OF RESPONDENTS:

The respondents will be comprised of vendors that do business with VA and who contact the VAFSC CSHD for assistance in identifying where payments are, what payments are for, updating banking information as well as requests to expedite payments for small businesses. The vendors will include high volume vendors with frequent interactions with the customer support help desk as well as small business vendors who rely on support from the CSHD to expedite payments. The vendors were selected based on a list of the top 50 volume vendors who the CSHD technicians validated they spoke with on at least a biweekly basis as well as small business vendors the CSHD technicians validated they spoke with on at least a biweekly basis. The list of high volume vendors and small business vendors were also identified and confirmed based on recent inquiries submitted through the CSHD mailbox.

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: Anna Rigney-Phillips

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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
Private Sector	60	3 minutes	3 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$330.00

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?

We have a report of high volume vendors based on the volume of payments made by the Financial Services Center. Using the high volume vendor list, we narrowed down the vendors that make contact with the Customer Support Help Desk Technicians on a weekly basis through phone calls and emails related to payment inquiries. In addition, we have received feedback from small business vendors on the level of customer service provided and are including the small business vendors who have provided feedback on the survey.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media (web based survey)
 - 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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.

Submit all instruments, instructions, and scripts are submitted with the request.