

**Request for Approval under the “Generic Clearance for the  
Collection of Routine Customer Feedback”  
(OMB Control Number: 0690-0030)**

**TITLE OF INFORMATION COLLECTION:** Biogeographic Assessment Product Requests

**PURPOSE:** To provide online requesters with the products and services they ask for, and to verify that they received what they needed or need any help with the products. We also would like to collect minimal demographic information.

**DESCRIPTION OF RESPONDENTS:** People requesting products from our website: coastal managers, researchers and government staff (state, federal, local), academia, students, public.

**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form       Customer Satisfaction Survey  
 Usability Testing (e.g., Website or Software)       Small Discussion Group  
 Focus Group  
 Other: Customer info for sending out and following up on customer product requests

**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: Tracy Gill

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 [ X ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participati on Time	Burden
People requesting products from our website	Maximum of 30 per month	5 minutes per product per person	Maximum of 2 hours and 30 minutes hours per month
<b>Totals</b>	<b>360</b>		<b>30 hours</b>

**FEDERAL COST:** Approximately 60 hours in staff time, equaling roughly \$2,100.

**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 [X ] 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?

There will be no sampling; we will accept all replies, and all feedback is considered useful for this purpose.

**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
  - [X] e-Mail
  - [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

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