

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

TITLE OF INFORMATION COLLECTION: Customer Feedback Survey for U.S. Organizations

PURPOSE: To conduct testing of an annual customer feedback survey to improve the information and assistance provided to U.S. organizations and to refine the survey methodology (e.g. web-based, telephone, and in-person), and questions to be used in the future.

DESCRIPTION OF RESPONDENTS: Representatives of U.S. organizations that have received in-depth assistance from the Commercial Service during the course of the year; including businesses, educational institutions, industry associations, trade show organizers, economic development organizations, and other clients.

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: _____ |

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: _____ Joseph P. Carter _____

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
Businesses or other for-profit organizations	1,000	15 mins	250 hrs
Totals	1,000	15 mins	250 hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$100,000

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?
[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?

Universe of Potential Respondents: The Commercial Service will compile a list of clients that have received in-depth assistance during the past twelve months. The parameter for defining in-depth assistance is when a client has had multiple interactions with the Commercial Service; including counseling sessions and fee-based service/events.

Sampling Plan: The Commercial Service will employ stratified random sampling to ensure a representative sample of the population is included in the pilot testing of different survey methods (e.g. web-based/email link, telephone interviews, and in-person interviews). The division of the population into smaller groups or strata will be based on the type of organization, type of industry, and type of assistance provided. Proportionate allocation will be employed to ensure each of the strata is proportional to that of the entire population. Non-response bias will be gauged by systematically employing phone interviews of non-respondents to ask a small number of the survey questions to determine if their answers differ significantly from those who answered the survey electronically.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[X] Telephone
[X] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [] No

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