

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0503-0021)**

TITLE OF INFORMATION COLLECTION:

Bridges to Opportunity Services Satisfaction Survey

PURPOSE:

USDA-Farm Service Agency (FSA) is launching a pilot project entitled “Bridges to Opportunity” through 11 offices in five states. The project seeks to provide customers access to a broad range of agricultural resources from FSA partner organizations and stakeholders; FSA will provide this access through immediate delivery of partner resources, referral to partners for resources and/or by facilitating meetings or connections of multiple partners to assist customers.

As part of the service delivery process, FSA seeks to get feedback from customers on the quality of the service provided to improve delivery, overall. As a follow-up to all services provided, FSA will contact customers to evaluate the delivery experience.

DESCRIPTION OF RESPONDENTS:

The targeted groups include FSA customers in the pilot state and county offices.

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: Glenn R. Schafer, Bridges to Opportunity Project Manager

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [X] Yes [] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [X] Yes [] No
3. If Applicable, has a System of Records Notice been published? [] Yes [X] No

Note: Existing customers contact information and related PII may already be in FSA’s established system of records as a result of participation and cooperation in existing or prior FSA programs and services, for which SORNs would have been published; in this case, pertinent contact information and PII will be retrieved from the system of record to enable Bridges to Opportunity customer survey, and not collected directly from the customer.

In the case of new customers, the proposed information to be collected will be that which the individual is willing to provide, including but not limited to:

- *Name*
- *Email address*
- *Phone number*
- *Mailing address*
- *Areas of agricultural interest*
- *Option to receive information and updates related to their declared areas of agricultural interest.*

Customers have the option of having their information retained by FSA or deleted after a period of time they designate.

NOTE:

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	Participation Time	Burden
Customer	1200	5 minutes	100 hours
Totals			100 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$6,000.

Notes: Reflects staff time to execute surveys.

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?

No, all customers will be surveyed for all services 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 (if no access to internet or email)
 Other: Optional survey via email to customers
2. Will interviewers or facilitators be used? Yes No