

**Request for Approval under the “DOL Departmental Generic Clearance for  
the Collection of Routine Customer Feedback”  
(OMB Control Number: 1225-0088)**

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**TITLE OF INFORMATION COLLECTION:**

Office of Federal Contract Compliance Programs (OFCCP) Event Evaluation Form

**PURPOSE:**

OFCCP will distribute this form nationwide to participants at outreach and compliance assistance events to gather feedback regarding the relevance of event topic, content, presentation and materials. OFCCP will use information gathered from this survey to enhance future event quality. Based on customer feedback, OFCCP may revise program content, develop new topics, improve materials and/or provide additional training to compliance officers on skills such as public speaking.

**DESCRIPTION OF RESPONDENTS:**

Respondents will include a diverse array of stakeholders, including workers, job-seekers, community-based organizations, advocacy groups, federal contractors and federal, state and local government agencies.

**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: Renee Tajudeen, Director of Outreach, Office of Federal Contract Compliance Programs

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 [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households (Workers, Community-Based Organizations and Advocacy Groups)	61,925	6 minutes	6,192.5
Private Sector (Federal Contractors)	15,068	6 minutes	1,506.8
<b>Totals</b>	<b>76,993</b>	6 minutes	<b>7,699.3</b>

Over the past two years, OFCCP averaged 1,986 outreach and compliance assistance events per year. The approximate total attendance for the two years was 76,993 OFCCP stakeholders. In FY2012, outreach attendees made up 80.43% of all event attendees, compared to 19.57% attendees for compliance assistance events.

	Outreach Events	Outreach Attendees	Compliance Assistance Events	Compliance Assistance Attendees	Total Events	Total Attendees
FY2011	881	--	967	61,183 <sup>1</sup>	1,848	61,183
FY2012	1,250	74,638	874	18,165	2,124	92,803
Average					1,986	76,993

**FEDERAL COST:** The estimated annual cost to the Federal government is 1,986 events x [\$29.93 (GS-11 Hourly Rate)] = \$59,440.98.

The estimated annual cost to the government is \$59,440.98. This is based on the hourly rate of \$29.93 (GS-11, step 1, Office of Personnel Management’s 2011 Salary Table for the Rest of the U.S.) for an OFCCP Compliance Officer. We estimate that compliance officers will spend up to 1 hour collecting, reviewing and analyzing the forms after each event.. Specifically, Compliance Officers may distribute the forms at each event or provide electronically, if participant email addresses are collected on the event sign-in sheets. Upon receipt of completed forms, Compliance Officers will review customer feedback and analyze responses in an internal tracking system.

**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

<sup>1</sup> In FY2011, the agency reported outreach and compliance assistance data together.

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?

Anyone that attends our events will have the opportunity to complete the survey. Our events are typically open to the public and advertised on the DOL calendar.

**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

Other Compliance Officers collect email addresses on event sign-in sheets. This survey may be emailed to event attendees to reduce cost of printing the survey and distributing at the event.

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”**

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**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.

**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.

**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.

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