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

TITLE OF INFORMATION COLLECTION:
Office of Federal Contract Compliance Programs (OFCCP) Database Update

PURPOSE:
OFCCP is updating its public e-mail contact list through two channels: 1) sending e-mails to existing mailing list subscribers asking them to verify their contact information, and 2) creating a new subscriber portal on the OFCCP Web site for individuals to add their names and contact information to the OFCCP mailing list. In order to collect names and contact information OFCCP plans to use the attached Mailing List Contact Information form. Individuals subscribing to the OFCCP mailing list will receive e-mail or postal service notices of agency events and activities such as notices of regulatory actions, the issuance of new guidance, training courses, and outreach events.

DESCRIPTION OF RESPONDENTS:
Respondents will include a diverse array of stakeholders, including community-based organizations, advocacy groups, employer groups, federal contractors, attorneys, and state and local government agencies.

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   [X] Other: Mailing List Contact Information
                                                                                       form

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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6. The collection is targeted to keep respondents updated about our program.

Name: Margaret Kraak, Chief, Branch of Planning and Program

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?   [ ] Yes [X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] 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/Households/Private Sector (Federal Contractors, Advocacy Groups, State and Local Government Agencies and Community-Base Organizations)	45,000	2 minutes	1,500 hours
Totals	**45,000**	**2 minutes**	**1,500 hours**

FEDERAL COST:
The estimated annual cost to the government is $5,281.00. This is based on the hourly rate of $34.34 (GS-13, step 1 Office of Personnel Management's 2012 Salary Table for the Rest of the U.S.) for a programmer to spend 40 hours to develop and automate the form and $16.28 (GS-7, step 1) for an OFCCP Equal Opportunity Assistant (EOA). We estimate that an EOA will spend up to 240 hours a year retrieving, downloading, and analyzing the data prior to placing it into our database. Specifically, EOAs will retrieve the information from the mail box and import the data into an Excel spreadsheet by industry (i.e., gov, edu, construction, etc.).

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

We currently have approximately 35,000 e-mail addresses in our public mailing list and we will ask contacts to update their contact information by using the Mailing List Contact Information form. In addition, we anticipate that approximately 10,000 additional contacts will opt to be added to the OFCCP mailing list.

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
        [ ] Mail
        [ ] Other

2. Will interviewers or facilitators be used? [ ] Yes [X] 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.

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.