

**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:**

**PURPOSE:**

The purpose of this survey instrument is to gauge the satisfaction of consortium participants in ODEP’s Add Us In (AUI) grant in the area of engagement, collaboration, leadership, and experiences. The goal of the AUI initiative is to identify and develop strategies to increase the capacity of targeted businesses, including underrepresented and historically excluded communities and to employ youth and adults with disabilities. Data obtained from this survey is to be included in an overall implementation study assessing the functioning of AUI noting any gaps between the each grantee’s AUI design, ODEP’s AUI model requirements, and each grantee’s delivery. This data will be used to help improving the AUI grants, provide targeted technical assistance to the grantees, and help with ODEP’s future grant planning.

**DESCRIPTION OF RESPONDENTS:**

The Add Us In Initiative includes eight grantees. Each grantee leads a consortium of organizations who work collaboratively to obtain the goals of AUI. The 8 AUI consortia include a total of 78 organizations from the private sector and public sector, including small businesses, businesses-serving organizations, diversity-serving organizations, youth-serving organizations and disability-serving organizations.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion 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: Cherise J. Hunter

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  N/A
- 3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**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
Add Us In Grant Consortium Participant—Private Business	67	0.25	16.75
Add Us In Grant Consortium Participant—State/Local/Tribal Government	11	0.25	2.75
<b>Totals</b>	<b>78</b>	<b>0.25</b>	<b>19.5</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,000 (one time cost)\_\_\_\_\_

**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?

The universe consists of representatives of 78 organizations (67 private and 11 public) that participate in the Add Us In Consortia. Given the size of the universe, a certainty sample is being taken. (see attached)

## 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, Explain
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”**

---

**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.**

**Summary of AUI Consortia Membership**

Type of Org.	Cohort 1 Grantees				Cohort 2 Grantees			
	Kansas City	Los Angeles	SW CT	Central OK	California	Chicago	MC MD	N NJ
Nonprofit Client Serving Agency	Full Emp. Council  The Whole Person	The Integrated Recovery Network*	The WorkPlace Inc.*  Disab. Resource Cen. of Fairfield County  AIDS Resource Coalition	OK Indep. Living Council  Civicus  Dale Rogers Tng. Center  Eagle Ridge Inst.  Folds of Honor Foundation	World Institute on Disability*	Asians with Disabilities Outreach Project Think Tank (ADOPT)	TransCen Inc.*	National Org. on Disability*  The MOSAIC Center on Disability Emp. of The Elizabeth M. Boggs Center
Nonprofit Youth Serving Agency	YMCA of Greater Kansas City	Homeboy Industries	Bridgeport Area Youth Ministry, Inc.	Oklahoma County Youth Services	Career Opp. for Students with Disabilities			New Jersey Youth Corps
Government WIB/One Stop		South Bay WIB		Central Oklahoma WIB			Montgomery County WIB	Newark WIB
Government Vocational Rehab.	Missouri Voc. Rehab.		Connecticut Bureau of Rehab. Svc.  Connecticut Board of Education and Services for the Blind	Cheyenne and Arapaho Voc. Rehab Program  Oklahoma Department of Rehab. Services	California Department of Rehab.	Illinois Division of Rehab. Services		NJ Division of Voc. Rehab.
Government	KC Parks and Recreation		Connecticut Commission on Human Rights & Opp.	Oklahoma Dev. Disab. Svc. Division  Oklahoma Office of Juvenile Aff.				
University	University of Missouri-Kansas City, Institute for Human Development*	University of Southern California, Division of Occup. Science and Occup. Therapy	Rutgers Univ. Heldrich Center	University of Oklahoma*		University of Illinois — Chicago Center on Capacity Building for Minorities with Disabilities*		Rutgers Univ. Heldrich Center
Private Small Business		The Measurement Group	Diversity Works, LLC	Career Resources, Inc.	Always Good to Go  EIN SOF Comm.			
LGBT Chamber of Commerce			LGBT CoC		National Gay and Lesbian			The NYC LGBT CoC

Type of Org. (CoC)	Cohort 1 Grantees				Cohort 2 Grantees			
	Kansas City	Los Angeles	SW CT	Central OK	California	Chicago	MC MD	N NJ
LGBT Advocate		L.A. Gay & Lesbian Center		Cimarron Alliance Foundation				
Chamber of Commerce	The Greater Kansas City CoC			Capitol CoC				The New Jersey CoC
Black CoC	Black CoC of Greater Kansas City			Black CoC				The African American CoC of NJ
Hispanic CoC	Hispanic CoC of Greater Kansas City			Hispanic CoC			Hispanic CoC of MC, MD	The Statewide Hispanic CoC of NJ
Business Advocacy	Kansas City Business Leadership Network	Los Angeles County Business Federation (BizFed)	Greater New England Minority Supplier Dev. Council  CT Business Leadership Network  Women's Business Dev. Center	Urban League of Greater Oklahoma City		Federacion Jaliciencia del Medio Oeste de los Estados Unidos (FEDEJAL)	Hispanic Business Foundation of Maryland	
Schools						Youth Connection Charter School		Newark NJ Public Schools Transition
Other						Schwab Rehab. Hospital		
Total Number in Each Consortium	9	5	5	17	5	4	4	11

Note: Leadership organizations are identified with an asterisk after their name. CoC = Chamber of Commerce.