

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 2010-0042)**

TITLE OF INFORMATION COLLECTION:

Customer Satisfaction Survey for Lean and Environment Workgroup Services

PURPOSE:

The purpose of this survey is to collect customer feedback on training and webinars that are provided by this workgroup. Information from this survey will be used to determine the usefulness of the services provided.

DESCRIPTION OF RESPONDENTS:

Respondents may access this survey on-line using survey monkey in association with participating in a webinar. Hardcopy surveys may be used in face to face conferences or trainings. Over the next year, up to 60 customers may fill out this survey.

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.

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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
(1) Individuals or Households	15	2 minutes	.5 hours
(2) Private Sector	15	2 minutes	.5 hours
(3) State, local, or tribal governments	15	2 minutes	.5 hours
Totals	45		1.5 hours

FEDERAL COST: The estimated annual cost to the Federal government is 2 hours of grantee time to analyze and discuss the results.

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?

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.