

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)

TITLE OF INFORMATION COLLECTION: EDCAPS Help Desk Customer Satisfaction Survey

PURPOSE: The purpose of the EDCAPS help desk survey is to gather feedback on how satisfied our customers are with the service they have received from the help desk.

DESCRIPTION OF RESPONDENTS: The recipients of the EDCAPS Help desk survey are internal ED staff that uses the EDCAPS applications and external users of the Department’s Grant Management System, G5. These respondents would include grantees/payees that apply for and receive federal grants from ED.

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: Tom Erdelyi

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 No

BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|------------------------|--------------------|--------------------|------------|
| ED grant recipients | 25,000 | 1 minute | 417 |
| Internal ED staff | 4,000 | 1 minute | 67 |
| Totals | 29,000 | 1 | 483 |

FEDERAL COST: The estimated annual cost to the Federal government is \$0

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 list of respondents is identified as those users that are have security access (login/password account) to any of the EDCAPS applications. The respondents to the survey will be only those users that have called into the EDCAPS Help desk for assistance. A survey will be emailed to the respondent once their issue has been resolved.

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