

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3048-0036)

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**TITLE OF INFORMATION COLLECTION:** Ex-Im Bank Survey of Former Small Business Customers

**PURPOSE:** The survey is designed to gain insights into the experiences of small businesses that once were customers of Ex-Im Bank, but have not conducted a transaction in the past three fiscal years. We will seek to identify the reasons why these small businesses no longer use Ex-Im Bank in order to improve our business processes and better support small business.

**DESCRIPTION OF RESPONDENTS:**

386 U.S.-based, small business exporters have been identified as customers who used Ex-Im Bank services in FY2008, 2009 or 2010, but have not used the Bank since. We will survey all 386 exporters.

**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: \_\_\_\_\_

Stephanie Thum, Vice President of Customer Experience, Ex-Im Bank

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 for the Public**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individual Customers	386	10 minutes	64.33 hours
<b>Total</b>			<b>64.33 Hours</b>

**FEDERAL COST:**

Review time per response 5 minutes. The total estimated time is 1,930 minutes or 32.2 hours. Average Hourly Wage \$42.5, resulting in \$1,368.5 annual wages. With Benefits & Overhead Costs of 28%, Federal Cost per hour is \$54.4. The total annual cost to the government is **\$1,751.68**

**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?

We will identify former U.S. small business exporter participants based on existing insurance processing data.

**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: E-mail surveys.

2. Will interviewers or facilitators be used?  Yes  No

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

Survey questionnaire and e-mail cover letter are attached.

## **OMB 's 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.**