

**Request for Approval under the “DOI Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
OMB Control Number: 1090-0011**

TITLE OF INFORMATION COLLECTION: Customer/Participant Feedback

PURPOSE:

Collect suggestions and ratings from customers, regarding outreach events, information sessions and training events.

DESCRIPTION OF RESPONDENTS:

Respondents will be students, clients (beneficiaries), Tribal Government Officials (as well as other Indian Trust Officials) and Federal staff.

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: _____ /S/Jim James _____ 8/22/14

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

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 **Not Applicable**
- 3. If Applicable, has a System or Records Notice been published? Yes No **Not Applicable**

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No (If yes, please explain.)

BURDEN HOURS

Category of Respondents	No. of Respondents	Participation Time	Burden
Students	500	10 mins	84 hrs
Clients	1500	15 mins	375 hrs
Officials/Government staff	500	10 mins	84 hrs
Totals	2500		543 hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$2000.00 (Estimate is based on the salary of Assistants across Field Ops for 40-60 hrs work for printing and collecting feedback data. The 40-60 hours of work will be spread across 45-50 offices)

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

There are currently approx.. 407,000 Individual Indian Trust Account Holders. Additionally, there may be as many as 1500 Tribal Officials that we would reach with this sheet. The universe is limited to the number of clients and officials attending information-sharing sessions. Therefore, the potential universe may be known but no exacting list applies and sampling impractical an impractical use as the form will be used as-needed.

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.

Not Applicable

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 – Internet Web Survey

2. Will interviewers or facilitators be used? Yes No (Not for the collection portion.)

Please make sure that all instruments, instructions, and scripts are submitted with the request. The sheet will consist of a single page without instructions or scripts. Enclosed.

INSTRUCTIONS

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 in minutes 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.