

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0579-0377)

TITLE OF INFORMATION COLLECTION: Federal Select Agent Program Customer Satisfaction Survey

PURPOSE:

The survey gathers information from members of the public and is designed to collect information pertaining to individuals importing and exporting select agents and select agents registered entities (i.e., research and production facilities). The survey provides Federal Select Agent Program staff with a general view of the public’s perception of customer service and indicates problems which could be addressed locally. The survey also provides feedback from the public on recommendations to improve customer service and allows the public to ask questions about the Federal Select Agent Program.

DESCRIPTION OF RESPONDENTS:

Select agents importers and exporters; farm owners; laboratory and university personnel, including those at commercial, private, university, public health, animal health, or other laboratories.

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: Candace Shearin

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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? [X] Yes [] No

Postage paid envelopes for returning responses are provided on request.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	713	.083	59
Totals	713		59

FEDERAL COST: The estimated annual cost to the Federal government is \$10,904.76.

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

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?
 [X] 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 potential respondent universe of this Customer Service Survey is all persons who visit an office where work for the Federal Select Agent Program is conducted or who use any of the programs or services provided by such an office. Customers who visit these offices will receive a paper survey, to be tracked by that office. In addition to the paper survey, specific offices will be given a specific link to their electronic surveys created in SA (Select Agents) Gram email. In all cases, responses can be given anonymously. Office officials will copy the link and place it in their signature block so they can reach customers who may not be able to physically come in to the office.

Sampling will be a “convenience” sample, consisting of persons who use select agents services and who are willing to fill out a survey form. Only one survey per customer will be collected.

Sampling will be limited to a time period determined by each office which uses the survey, not to exceed 3 months.

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, etc.)

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.

Submit all instruments, instructions, and scripts with the request.