DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

TITLE OF INFORMATION COLLECTION: MSURSD -Enterprise Resource Planning (ERP) System Utilization Survey

(the collection that is the subject of the 10-day review request)

[X] <u>SURVEY</u> [] <u>FOCUS GROUP</u> [] <u>SOFTWARE USABILITY TESTING</u>

DESCRIPTION OF THIS SPECIFIC COLLECTION

Specify all relevant information, including

- 1. intended purpose,
- 2. need for the collection,
- 3. planned use of the data,
- 4. date(s) and location(s),
- 5. collection procedures,
- 6. number of focus groups, surveys, usability testing sessions
- 7. description of respondents/participants.

(State whether the data collection will be completed one time, will be collected on an annual basis, or other.)

Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.

- 1. This survey is intended to collect system usage information from our client institutions approximately 710.
- 2. Our intention is to provide system support to the institutions we serve, to include best practices and where possible exchange of information between schools with similar profiles.
- 3. The data retrieved will be maintained in a database for future reference.
- 4. The date and location will be determined later.
- 5. The survey will be distributed electronically.
- 6. 1 survey
- 7. The respondents/participants are Minority Serving and Under Resourced Client schools.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE

In general, no payments are planned. ED will consult with OMB if it believes that a payment is necessary to account for factors such as high parking fees at a focus group location, potential for inclement weather or other conditions exacerbating travel difficulties, length or complexity of the subject matter, participant recruitment difficulties, or consequences of attendance failures.

BURDEN HOUR COMPUTATION (*Number of responses* (X) *estimated response or participation time in minutes* (/60) = annual burden hours):

| Category of Respondent | No. of Respondents | Participation Time | Burden | |
|------------------------|--------------------|--------------------|--------|--|
| Electronic | 710 | 15 | 177.5 | |

| Totals | | |
|--------|--|--|

BURDEN COST COMPUTATION

| Category of Respondent | No. of Respondents | Hourly | Response | Total |
|------------------------|--------------------|--------|----------|-------|
| | | Rate | Time | |
| Electronic | 710 | n/a | n/a | |
| | | | | |
| Totals | | | | |

STATISTICAL INFORMATION

If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.

REQUESTED APPROVAL DATE:

NAME OF CONTACT PERSON: Freda Donald

TELEPHONE NUMBER: (404) 974-9304

MAILING LOCATION:

U.S. Department of Education Federal Student Aid - MSURSD 61 Forsyth St. SW, Room 18T39 Atlanta GA 30303

ED DEPARTMENT, OFFICE: Minority Serving Under Resourced Schools Division (MSURSD)