**U. S. NUCLEAR REGULATORY COMMISSION** 



# REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE FEEDBACK ON AGENCY SERVICE DELIVERY" (OMB CONTROL NUMBER: 3150-0217)

ON AGENCY SERVICE DELIVERY" (OMB CONTROL NUMBER: 3150-0217)					
TITLE OF INFO	PRMATION COLLECTION:				
PURPOSE:					
DESCRIPTION	OF RESPONDENTS:				
TYPE OF COLL	LECTION: (Check one)				
	CUSTOMER COMMENT CARD/COMPLAINT FORM: CUSTOM	IER SATISFACTION SURVEY:			
	USABILITY TESTING (e.g., WEBSITE OR SOFTWARE): SMALL D	DISCUSSION GROUP:			
	FOCUS GROUP:				
	OTHER:				
	·				
	fy the following to be true:				
	e collection is voluntary.	- 1 10			
	e collection is low-burden for respondents and low-cost for the f				
	e collection is non-controversial and does <u>not</u> raise issues of co e results are <u>not</u> intended to be disseminated to the public.	incerns to other rederal agencies.			
	prmation gathered will not be used for the purpose of substantia	ally informing influential policy decisions.			
	collection is targeted to the solicitation of opinions from responsal have experience with the program in the future.	ndents who have experience with the program			
SIGNATURE OF	F PROGRAM OFFICE REPRESENTATIVE: SIGNATUR	E OF NRC CLEARANCE OFFICER:			
To assist r	review, please provide answers to the following questions:				
Persoi	nally Identifiable Information:				
1. Is	s personally identifiable information (PII) collected?	YES NO			
	Yes, will any information that is collected be included in recordubject to the Privacy Act of 1974?	ds that are YES NO			
3. If	Yes, has an up-to-date System of Records Notice (SORN) be	en published? YES NO			
Gifts o	or Payments:				
	n incentive (e.g., money or reimbursement of expenses, token of ided to participants?	of appreciation) YES NO			

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### **REQUEST FOR APPROVAL UNDER THE** "GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE FEEDBACK ON **AGENCY SERVICE DELIVERY"**

(OMB CONTROL NUMBER: 3150-0217) (Continued)								
BUR	RDEN HOURS:							
	Category of Respondents:	Number of Respondents:	Participation Time: (Total Minutes)	Burden: (Total Hours)				
	TOTALS							
FEDERAL COST: The estimated annual cost to the Federal government is:  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 responses  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 YES NO universe?  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								
se	elect them?							
Administration of the Instrument								
1. How will you collect the information? (Check all that apply)								

### 1. How will you collect the information? (Check all that apply)

WEB-BASED OR OTHER FORMS OF SOCIAL MEDIA	TELEPHONE	MAIL	IN-PERSON
OTHER:			

YES NO 2. Will interviewers or facilitators be used?

## REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE FEEDBACK ON AGENCY SERVICE DELIVERY" (OMB CONTROL NUMBER: 3150-0217) (Continued)

#### **INSTRUCTIONS FOR COMPLETING NRC FORM 671**

**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:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**CERTIFICATION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**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
- (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 (in minutes) 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.

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