## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0690-0030)

**TITLE OF INFORMATION COLLECTION:** Event Evaluation Customer Satisfaction Forms

**PURPOSE:**

The U.S. Commercial Service (CS) offers diverse events/activities to assist U.S. companies with their exporting needs and the CS wants to collect customer satisfaction data on these activities. The goal is to improve the programs to meet the ever-changing needs of CS’s clients. The “Business Outlook Conference Evaluation Form” and the “Trade Mission Evaluation Form” will be used in this effort. There is renewed attention within the federal government on improving customer service with the passing to the Government Performance and Results Act (GPRA) Modernization Act in 2010 and the issuance of a Presidential Order in May 2011.

CS leadership will use these responses for continuous improvement of business processes and client interactions to ensure that clients’ needs and expectations are met and exceeded.

**DESCRIPTION OF RESPONDENTS**:

Respondents are clients who have participated in a designated event or activity as specified by the Participation Agreement or registration list.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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: Richard Swanson and Sherry Lewis-Khanna

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

**Personally Identifiable Information:**

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Private Sector | 2,000 | 5 minutes | 167 |
|  |  |  |  |
| **Totals** | **2,000** | 5 minutes | **167** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_$0\_\_\_\_\_\_\_\_\_

**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? [ 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?

This form will draw respondents from Participation Agreements or client registration lists for a specific event or activity. For example, any client who participates in a designated CS Trade Mission to a specific country during a specific time will receive a form or any client who participates in a CS designated activity will receive a form. The form may also be distributed among participants at an event or activity. Therefore, only clients who participated in the designated event/activity will be contacted and a sampling methodology is not required.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[X] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [ X ] No

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