

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)

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## TITLE OF INFORMATION COLLECTION:

### Veterans Canteen Service (VCS) Customer Satisfaction Survey

#### PURPOSE:

As our customer base changes, the VCS needs a more measurable definition of the demographics of the customer we serve. We serve two customers, the Veteran and their families and those that serve the Veteran’s. Collection of information will enable the VCS to help satisfy their mission that reads “To provide America’s Veterans, enrolled in VA’s HealthCare System, their families, caregivers, VA Employees, volunteers, and visitors, reasonably priced merchandise and services essential to their comfort and well-being.”

Information will be used internally by the VCS to help tailor product assortment to better meet the needs of our customer. By identifying the needs of both the retail and food customers the VCS can better source items that satisfy those needs. In retail, it will enable the VCS to identify “Vet-centric” merchandise that will help enhance the Veteran’s quality of life. In the cafes, the information will assist the VCS in offering the type of quality food that the customer desires. By completing the survey the Veteran will assist the VCS in satisfying the needs and wants of our Veterans, families and health care providers.

#### DESCRIPTION OF RESPONDENTS:

Veteran Customers of the Veteran’s Canteen Service (PatriotStores, PatriotCafes, Coffee Shops and vending). Individuals and Households: Veterans, caregivers, families, employees, volunteer, visitors and health care providers.

#### 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.

- 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: Michael Rabdau

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

**Personally Identifiable Information:**

- Is personally identifiable information (PII) collected?  Yes  No
- If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
- 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  No

Customers that complete the survey card will receive a free drink coupon.

**BURDEN HOURS**

Category of Respondent:	No. of Respondents	Participation Time	Burden
Individuals and Households			
Patriot Store, Patriot Café Survey VA Form 10-0551	<b>1,575</b>	3 minutes	79
<b>Totals</b>			<b>79</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$300/processing. There will be no cost to the Federal Government with regards to VA Form (printing). Printing will be done in house by the Veteran’s Canteen service.

**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?  
 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?

- Surveys will be conducted over a one week period
- Survey method
  - One person with a tally counter will count each customer as they enter the canteen
  - Customers will be asked to fill out a survey card as they leave the canteen

- Surveys are returned to VA Central Office (CO) where they will be tallied  
CO tallies surveys and creates a recap  
CO will compare the recap statistics with VHA statistics to ascertain deviations
- Sample selection will be from canteens that represent a cross section of customer demographics to include large vs. small, urban, suburban and rural canteens
- Estimate 4,500 numbers of surveys with a 35% response rate
- To maximize response rate VCS employees will personally invite Veterans to participate in the surveys.

### **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”**

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**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. 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 are submitted with the request.**

