

# **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:**

Customer Satisfaction Survey on VA Research Communication (Newsletter: *VA Research Currents*)

## **PURPOSE:**

The Veterans Health Administration (VHA) Office of Research and Development (ORD) uses a variety of channels and tactics to communicate with Veterans, spouses, and caregivers about the value of VA research and programs such as VA Research Week and the Million Veteran Program (MVP). The purpose of this research is to investigate the customer satisfaction of ORD’s current communications efforts, develop strategies to better serve the Veteran community, and establish sustainable performance measures to support continuous improvement of outreach and communications in the future.

A printed survey will be included in the newsletter and go to the current distribution list to assess consumers’ communication preferences and unmet communication needs. This information will help us do a better job of using the newsletter to keep stakeholders and the general public informed about VA’s research program. The survey is Web-based and will be conducted online.

## **DESCRIPTION OF RESPONDENTS:**

Respondents will include Veterans, spouses, and caregivers representing a mix of generations, ranks, and gender that have experience with VHA. Respondents will include sufficient representation from multiple demographic groups, including age, income, education, gender, and ethnicity/race. Respondents are currently on the mailing list for *VA Research Currents*.

VHA will receive no personally identifying information about participants, including their full names. The survey is completely voluntary.

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

- |  |  |
|--|--|
| <input checked="" 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: \_\_\_\_\_ Mitch Mirkin \_\_\_\_\_

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

**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  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  No

No incentives will be provided to participants.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households (Veterans or spouses/caregivers) VA Form: 10-10167	204	3 minutes	10.2 hrs
<b>Totals</b>	<b>204</b>		<b>10.2 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,000.00. This is approximately \$5,600 in printing costs and \$400 in postage.

**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?  
 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?

Yes, we have a customer list of 6,000 addresses that will receive this survey as part of the regular newsletter mailing.

**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.**

**Attachments:**

Survey Instrument

## **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.**