

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3133-0188)

TITLE OF INFORMATION COLLECTION:

Impact Analysis Study of the Office of Small Credit Union Initiatives - Survey

PURPOSE:

This collection is part of a study of the Agency’s service to small, low-income, and new credit unions. The study will examine both qualitative and quantitative data from credit unions that are eligible for such services. Responses will be used to assess the quality and effectiveness of the Agency’s programs in this area by providing insights into customer and stakeholder perceptions, experiences and expectations, an early warning of issues with service, and focus attention on areas where communication, training or changes in operations might improve delivery of products or services.

DESCRIPTION OF RESPONDENTS:

Respondents will be credit unions eligible to receive the services of the Agency’s Office of Small Credit Union Initiatives and industry stakeholders. The credit unions include those that meet the Agency’s requirements of small, low-income, and new credit unions.

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.
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: _____ Pamela Williams _____

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice 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
2 – Private Sector	6,800	15 mins.	1,700
Totals	6,800	15 mins.	1,700

FEDERAL COST: The estimated annual cost to the Federal government is \$55,450 for the entire study (which includes burden hours for both the survey and the focus group feedback).

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?

The Office has lists of credit unions eligible for and those that have used its services. Feedback will be sought of those that have received such services and then, to the extent that burden hours permit, feedback will be solicited from credit unions that have not used the services.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - [x] Web-based or other forms of Social Media
 - [x] Telephone
 - [] In-person
 - [x] Mail
 - [] Other, Explain
2. Will interviewers or facilitators be used? [x] Yes [] No

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