

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 2120-0746)**

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**TITLE OF INFORMATION COLLECTION:**

FAA Office of Civil Rights External Customer Survey

**PURPOSE:**

In order to ensure that our programs are effective and meet our customer needs, the Federal Aviation Administration (FAA), Office of Civil Rights plans to conduct an on-line survey of its customers and stakeholders that will be used to assess the effective of our Civil Rights Programs. The results of the survey will be used to improve our existing and future services, communications and collaboration with our customers and stakeholders

**DESCRIPTION OF RESPONDENTS:**

Non-Federal (State, Local and Tribal Government) agencies that work with and utilize the services of the FAA Office of Civil Rights.

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

- Customer Comment Card/Complaint Form
- 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: Mamie M. Mallory  
 Mamie Mallory,  
 Assistant Administrator for Office of Civil Rights

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No NA
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No NA

**GIFT and 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	Estimated Number of Respondents	Participation Time	Annual Burden
State, Local or Tribal Governments	500	10 minutes	83 hours
<b>Totals</b>	<b>500</b>	<b>10 minutes</b>	<b>83 hours</b>

**FEDERAL COST:**

The estimated annual cost to the Federal government is No Cost

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions: N/A**

**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?

**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.

**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.

**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:**