

**Request for Approval under the “DOL Departmental Generic Clearance for
the Collection of Routine Customer Feedback”
(OMB Control Number: 1225-0088)**

TITLE OF INFORMATION COLLECTION:

Office of Federal Contract Compliance Programs (OFCCP) Event Evaluation Form and Event Customer Satisfaction Comment Card

PURPOSE:

The U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) is requesting revision of a previously approved collection as well as the approval of a new Event Customer Satisfaction Comment Card. In order to assess the performance of the agency’s outreach event, OFCCP intends to offer regional and district offices the choice of using either the Event Evaluation Form or the Event Customer Satisfaction Comment Card as a survey instrument to distribute to attendees at outreach events in order to obtain their feedback on whether they were satisfied with the information presented. These survey instruments represent just one aspect of OFCCP’s program activities designed to assist Federal contractors in eliminating discriminatory employment practices for potential job seekers, workers, veterans, individuals with disabilities, minorities, and women seeking employment with Federal contractors.

OFCCP plans to disseminate these survey instruments electronically and the information collection activity will garner qualitative Federal contractor, stakeholder, and community feedback in an efficient, timely manner, in accordance with the agency’s commitment to improving program delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to key populations. This feedback will provide insights into contractor, stakeholder, and community perceptions, experiences and expectations, provide an early warning of issues with the program, or focus attention on areas where communication, training or changes in operations might improve delivery of OFCCP’s services and programs. These collections will allow for ongoing, collaborative, actionable communications that will strengthen relationships through outreach activities between the Agency and its Federal contractors, stakeholders, and communities. It will also allow feedback to contribute directly to the improvement of outreach program management.

This Event Evaluation Form is designed to determine the satisfaction level of Federal contractors, stakeholders, and community workers who opt to participate in outreach and compliance assistance events. Specifically, with this survey instrument, OFCCP is looking to accomplish two objectives for this evaluation form in seeking ideas from respondents on (1) their current level of satisfaction with outreach activities and information provided by OFCCP and (2) their recommendations on how to improve outreach activities and information provided by OFCCP. In addition, OFCCP will use the information gathered from this evaluation form to enhance future event quality.

The Event Customer Satisfaction Comment Card provides OFCCP regional and district offices an alternative survey instrument by which the agency’s Outreach Unit can obtain the feedback from Federal contractors and other stakeholders on their level of satisfaction with the information presented. Regional and district offices that choose to use the comment card as a survey instrument will distribute them to attendees at outreach events and the results will assist the Outreach Unit in improving its outreach campaigns. We foresee this comment card will

provide OFCCP with more detailed and specific feedback from our stakeholders and, therefore, will serve as an alternative for the current event evaluation form.

DESCRIPTION OF RESPONDENTS:

The potential target audience for the evaluation form and the comment card consist of a diverse array of stakeholders, including workers, job-seekers, community-based organizations, advocacy groups, Federal contractors, Federal, state and local government agencies and tribal organizations.

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 no or 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: Kelley Smith, Acting Outreach Unit Lead, Office of Federal Contract Compliance Programs

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

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 No

BURDEN HOURS ¹

Category of Respondent	No. of Respondents	Participation Time	Burden
Workers/Job Seekers	1,250	6 minutes	125
Community-Based Organizations and Advocacy Groups	3,000	6 minutes	300
Federal Contractors	2,500	6 minutes	250
Federal, State and Local Government Agencies	750	6 minutes	75
Tribal Organizations			
Totals	7,500	6 minutes	750

During the past year, OFCCP has significantly reduced the number of outreach and compliance assistance events conducted per year by almost 75% in comparison to previous years. Previous respondent projections were estimated at 30,000 OFCCP to stakeholders. Based on this estimation, it is projected that outreach to OFCCP stakeholders during upcoming years will be estimated at 7,500 total respondents (30,000 x 25%).

Respondents can come from any number of occupations; therefore, the DOL has increased the average hourly rate for all non-supervisory employees on private nonfarm payrolls for March 2014, of \$24.32 by 40 percent (total rate \$34.05), to approximate fringe benefits and overhead costs, to estimate the monetized value of respondent time. See *The Employment Situation, May 2014*, at 32, Table B-3, DOL, Bureau of Labor Statistics, http://www.bls.gov/news.release/archives/empisit_06062014.pdf. 750 hours x \$34.05 = \$25,537.

FEDERAL COST: The estimated annual cost to the Federal government is 820 events x [\$39.60 (GS-13 Hourly Rate)] = \$16,236.00.

A minimum total of 410 outreach and compliance assistance events remain to be conducted in Q3 & Q4 in FY2014 or an annual rate of 820 events. The estimated annual cost to the government is \$35,719. This is based on the hourly rate of \$43.56 (GS-13, step 4, Office of Personnel Management's 2014 Salary Table for the Rest of the U.S.) for an OFCCP Assistant District Director. See *Salary Table 2014-GS*, U.S. Office of Personnel Management, <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2014/salhl.pdf> at 33. 820 hours x \$43.56 = \$35,712.20. We estimate that management will spend up to one (1) hour collecting, reviewing and analyzing the forms after each event. Specifically, we anticipate the evaluation form may be distributed at events or provided electronically, if participant email addresses are collected on the event sign-in sheets. Upon receipt of the completed forms, the forms will be collected and the Assistant District Director will review stakeholder feedback and analyze responses for internal tracking purposes.

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

¹ This analysis is based on the assumption that half of regional and district offices will opt to use the Event Evaluation Form and the other half will opt to use the Event Customer Satisfaction Comment Card.

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 [X] 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?

Anyone that attends our events will have the opportunity to complete the survey. Our events are typically open to the public and advertised on the DOL calendar.

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
[X] Other This survey will be emailed to event attendees.
2. Will interviewers or facilitators be used? [] Yes [X] 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”

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:

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.

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