

**Request for Approval under the “DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback”**

**OMB Control Number: 1225-0088**

**Expiration Date: 8/31/2017**

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**TITLE OF INFORMATION COLLECTION:** Web-based needs assessment and satisfaction survey.

**PURPOSE:**

The purpose of this study is to conduct a web-based, Needs Assessment and Satisfaction Survey of stakeholders that work with the Office of Federal Contract Compliance Programs (OFCCP). These stakeholders include small and large nonprofit and community based organizations. The goal of the survey is to understand the nature of the stakeholders’ relationship with OFCCP. This information will be used to design an outreach strategy that improves the level of communication and understanding between OFCCP and the stakeholders.

**DESCRIPTION OF RESPONDENTS:**

The respondents are organizations currently working with OFCCP, defined as “stakeholders” in OFCCPs efforts to enhance the welfare and protect the rights of American workers by enforcing employment laws. These are institutions engaged for the purposes of relevant outreach and education (approximately 500) and include non-profit human service organizations, educational institutions and advocacy/rights organizations.

**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: Celeste Richie

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  No

Personally Identifiable Information collected from the respondent includes name, occupation, organization name, address and phone number and email address.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Private Sector—businesses or other for-profits and not-for-profit institutions	500	20 minutes	167
<b>Totals</b>	<b>500</b>	<b>20 minutes</b>	<b>167</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is Year 1: \$97 000;  
Year 2: \$10 000

**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?

The Office of Federal Contractor Compliance Programs (OFCCP) strategic plan for outreach relies heavily on developing, maintaining, and growing relationships with targeted populations through Stakeholders. The survey targets a *census* of those non-governmental, community based organizations from the OFCCP contact lists. Governmental organizations and for-profit media clients are excluded for the purposes of this study as they are not the target population for this project.

**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.**

The initial invitation for the survey will be delivered via email with a link to the survey. See Attachment A. Telephone follow-up will be conducted with non-deliverable emails and other non-responses. See Attachment B. Interviewers will encourage respondents to reply with a web response, providing a resend of the web invitation while on the phone. Technical assistance with accessing the survey will also be provided.

### **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:**

**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.**