## **OFCCP Web Survey Invitation**

Reply To: <u>OFCCPSURVEY@srbi.com</u>

Sender: <u>OFCCPSURVEY @opinioncast.com</u>

Display text: OFCCP Survey

Subject: OFCCP Stakeholder Survey

Dear MERGEFIELD "hrname" «primary\_contact\_first\_name» MERGEFIELD "hrname" «primary\_contact\_last\_name»:

The U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) is conducting a self-evaluation. OFCCP has engaged the research firm Abt Associates independently to evaluate how well OFCCP is serving your organization and to identify ways to provide better service. We are seeking your input because your organization has a working relationship with OFCCP. We would greatly appreciate your participation in our survey on behalf of [INSERT ORG NAME HERE]. You may access the survey by clicking here:

## DISPLAY HYPERLINK IN BOLD/OFFSET COLOR.

Another way you can take the survey is by going to our website:

## www.OFCCPSURVEY.com

and logging in with your PIN: («userid»)

Your participation in this survey is voluntary, and very important to the success of OFCCP self-evaluation. The survey should take approximately twenty minutes to complete. All responses will be presented at a summary level only, and OFCCP will not receive any individual responses.

OFCCP is committed to becoming a better resource and partner for you and your organization. It is with this in mind that we ask for your assistance. Please answer the questions as best you can for [INSERT ORGANIZATION NAME]. We thank you in advance for your time and thoughts.

Please feel free to call us if you need any assistance with completing the survey. You can call toll free 1-866-xxx-xxxx and give the reference number 30083 and your unique PIN («userid»). You may also send questions and comments to OFCCPSURVEY@srbi.com.

Thanks again for participating in this study!

Sincerely,

**Project Director** 

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1225-0088 (expires on 08/31/2017). The time required to complete this information collection is estimated to average 20 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Celeste Richie. U.S. Department of Labor 200 Constitution Avenue NW Room S2218 Washington, DC 20210 202-693-5076