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: Customer Feedback on the Competency Model Clearinghouse

PURPOSE: The Competency Model Clearinghouse (CMC) is an Internet-based repository of 26 industry competency models that show the cross-cutting skills that are essential for competent performance in an industry or industry sector. It also includes informational and instructional materials on competency models, a resource database of competency-related documents, "Models in Action" case summaries providing examples of varied usages of the competency models, and interactive tools for working with the industry models. The purpose of this data collection is to obtain routine user feedback on the design, content and performance of the website focusing on its ease of use, value of the information presented, and its general appeal and usefulness. The plan is to repeat this survey annually.

DESCRIPTION OF RESPONDENTS: Respondents will be individuals. They will be solicited from two groups: email subscribers to the CMC and registered CMC tool users. Email subscribers are individuals who have experience using the website and have asked to receive email updates from the site. CMC tool users are those website users who have endeavored to use one of two site tools: the "Build a Model" tool and/or the "Build a Career Ladder/Lattice" tool.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Pam Frugoli

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 [X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No   **N/A**

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
Individuals who use the Competency Model Clearinghouse	3500	0.1 hours (six minutes)	350 hours
Totals	**3500 respondents**		**350 hours**

FEDERAL COST: The estimated annual cost to the Federal government is **$12,500**.

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?
                                                                    [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 CMC has a list of email subscribers to the site, as well as a separate list of registered users of the CMC tools. The invitation to participate in the survey will be sent to 100% of both the email subscribers and CMC tool users.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
        [X] Web-based or other forms of Social Media. *Link provided below*.
        [ ] Telephone
        [ ] In-person
        [ ] Mail
        [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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

> **Survey Instrument:** https://www.surveymonkey.com/create/survey/preview?
> r=true&sm=XWKX0fuxA_2FMu5TMHRL5xHdGWkKHAhVMc6t3DWgW_2FbKaHcy
> EQOmKBWqdYAfEv2wDb
>
> (Screen shots attached)

Questions regarding this clearance submission should be sent to Lauren Fairley, Workforce Analyst, Office of Workforce Investment, Employment and Training Administration. Her contact information is:

Lauren Fairley
Email: Fairley.lauren@dol.gov
Tel: (202)-693-3731

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.