

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 1910-5160)**

TITLE OF INFORMATION COLLECTION: Employee Suggestion Initiative

PURPOSE: The purpose of the Employee Suggestion Initiative is to collect employee ideas and feedback department-wide to improve business practices and/or to establish new processes that would meet the current and evolving mission of the Department. This initiative supports the President’s Open Government Directive M-10-06, issued on January 21, 2009. This effort is consistent with item #3 within the Directive, Create and Institutionalize a Culture of Open Government.

The objective of this survey is to solicit best ideas to contribute to the accomplishment of the President’s second-term agenda items and support the Department’s overall goals. Ideas will be prioritized by the DOE community through a crowd sourcing platform. This method of collaboration between senior management and employees would not only foster ideas to deploy new internal services, but would also enable possibilities to improve processes in a cohesive manner within the Department.

The survey contains two questions that provide an opportunity for each employee to submit their ideas on how to improve current business practices. Each respondent is asked to select their program office from a list provided within the survey. This information is beneficial when determining the top participants who receive special recognition. The duration of this campaign will be from August 26, 2013 to September 16, 2013. Participation of this survey is completely voluntary.

DESCRIPTION OF RESPONDENTS: Respondents will consist of all DOE employees, Federal as well as contractors. The burden reported within this request is reflective of contractor employees only.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>DOE employee suggestions</u> |

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: _____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
Please see Privacy Impact Assessment for further information.
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

Gifts or payments will not be provided; however, top participants may receive special recognition (e.g. newsletters) or be invited to meetings to further elaborate on their ideas.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
DOE Contractors	Estimated 85,000	15 min	21,250 hrs
Totals			21,250 hrs

This survey will be available to the DOE workforce, estimated as 100,000+ individuals, informally termed “employees”. These are individuals who participate in the mission and support activities of DOE with authorized credentials, i.e. an email address. Of DOE’s estimated number of employees it is estimated that about 15% of the total number are federal employees and the remainder contractor and FFRDC personnel. It is estimated that as a whole about 10% of the total number of individuals who have DOE approved credentials will participate in this survey.

FEDERAL COST: The estimated annual cost to the Federal government is \$25,000 for the crowdsourcing solution being used. This solution abides by the Federal CIO’s Cloud Computing Strategy and GSA’s “Cloud First Policy” – to leverage cloud solutions wherever feasible. The SaaS application is used to collect employee participation and supports the Digital Government Strategy direction of leveraging modern tools streamline engagement.

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?

[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 respondents are current contractors employed with DOE.

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

[] 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.

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.

Submit all instruments, instructions, and scripts are submitted with the request.