## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0960-0788)

**TITLE OF INFORMATION COLLECTION:** “Good Morning Social Security” Satisfaction Survey

**BACKGROUND:**

In an effort to improve internal communications, the Social Security Administration (SSA) produces a weekly webcast video: The *Good Morning Social Security* (GMSS) program. It is available to viewers through their SSA network personal computers and laptops. We host the (recorded) webcast video on an SSA internal website and release a *link* via email to all SSA and State disability determination services (DDS) employees, as well as to in-house contractors. The recorded video provides updates on agency news, upcoming events, and other agency information.

We propose to obtain feedback from the “Good Morning Social Security” audience by conducting an online survey. At the conclusion of the GMSS survey, we hope to gauge program satisfaction and improve internal communications.

Since SSA and DDS employees are exempt under the requirements of the Paperwork Reduction Act, we are assessing the burden for this survey placed on SSA in-house contractors only.

**METHODOLOGY:**

* Responding to the survey is voluntary. SSA will provide a *survey* *link* via email.

* We propose to use a section 508 compliant[[1]](#footnote-1) online survey tool. The web-survey will be displayed in a format participants can easily read and complete.

**DESCRIPTION OF RESPONDENTS**:

* SSA employees
* DDS employees
* Contractors

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form **[X] Customer Satisfaction Survey**

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other**:** Intercepts

**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: **Faye Lipsky, Reports Clearance Officer, Social Security Administration**

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

**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 **[X] No**

**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 (minutes)** | **Burden****(hours)** |
| Contractors | 2,000 | 4 | 133 |
| **Totals** | **2,000** | 4 | **133** |

**FEDERAL COST:** The estimated annual cost to the Federal Government is $0.

**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 **[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?

SSA maintains a Microsoft exchange global address list (GAL) or combined email distribution list of all SSA and DDS employees, and contractors. The list also includes Federal contractors. No PII will be collected in the survey.

**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

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

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

**USE OF RESULTS:**

We will use the research results to evaluate and improve the “Good Morning Social Security” weekly program.

**NAME OF CONTACT PERSON:** Debbie Larwood

**PHONE NUMBER:** 410-966-6135

1. [Social Security Administration’s definition of “508 Compliant”](http://www.ssa.gov/accessibility/508_overview.html) [↑](#footnote-ref-1)