

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

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**TITLE OF INFORMATION COLLECTION:** Disability Research Consortium (DRC) Survey

**PURPOSE:**

The Disability Research Consortium (DRC) consists of two multidisciplinary centers housed in two separate institutions (Mathematica and the National Bureau of Economic Research) and funded through cooperative agreements with the Social Security Administration (SSA). SSA awarded approximately \$5 million to the DRC in fiscal year 2015.

DRC’s three main goals are to:

- Conduct research and evaluation on a wide array of topics related to Social Security and disability policy;
- Disseminate information on Social Security and disability issues relevant to policy makers, researchers, and the general public; and,
- Train scholars and practitioners in research areas relevant to Social Security and disability issues.

As a cooperative agreement, the centers should be providing a public benefit by providing research to policy makers, other researchers, the general public, etc. The annual meeting is a dissemination activity, and persons attending the annual meeting represent a portion of the DRC’s overall audience. Feedback would be useful for planning future meetings and providing input for future research priorities.

Survey Details

*Who will conduct the survey?* The Disability Research Center at the National Bureau of Economic Research will conduct the survey.

*Where will we conduct the survey?* The survey will be available at the meeting location (the National Press Club).

*When will we conduct the survey?* During the meeting on August 3, 2016.

**DESCRIPTION OF RESPONDENTS:**

We will ask meeting attendees to respond to the survey. Meeting registration opened in June 2016; the meeting is open to the public.

**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: Naomi Sipple, Reports Clearance Officer, Office of Regulations and Report Clearance, Social Security Administration

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 [ ] 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 [X] No Respondents will not be paid for their participation.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
Individuals	350	10	58
<b>Totals</b>	<b>350</b>	<b>10</b>	<b>58</b>

**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?

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**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 - Survey Sheet/Questionnaire

2. Will interviewers or facilitators be used?  Yes  No

*How will we conduct the survey?* We will provide the survey sheet with meeting materials, and a box will be available for returning completed surveys.

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