

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 3135-0130)**

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**TITLE OF INFORMATION COLLECTION:**

Blue Star Museums Participant Survey Summer 2016

**PURPOSE:**

This request is for a revision to a previously approved collection of information for the Blue Star Museums survey (OMB Control Number 3135-0130; see IC “Blue Star Museums Participant Survey Summer 2015”), to be administered by the National Endowment for the Arts to museum administrators who are participating in the Blue Star Museums (BSM) program:

<http://arts.gov/national/blue-star-museums>. The purpose of this information collection is to solicit opinions from museum administrators who participated in the BSM program during the summer of 2016, regarding performance of the BSM program, guidance provided by the Agency in using of the Public Relations ToolKit, its Training Webinar, and the BSM Website. This feedback will be used to improve customer service.

**DESCRIPTION OF RESPONDENTS:**

The respondents are staff members of the museums who participated in the Blue Star Museums (BSM) program. BSM is a program that offers free admission to museums for all active duty military personnel and their families from Memorial Day, May 30, through Labor Day, September 5, 2016. More than 2000 museums are participating in BSM program. These include children's museums, fine art museums, history and science museums, and nature centers. The National Endowment for the Arts provides participating museums with a Public Relations Toolkit and a Training webinar for tips on how museums can advertise and implement the BSM program at their museum. See Attachment 1 for the Survey.

**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: Melissa Menzer

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hrs)
Individuals (survey)	800	20	266.66
<b>Totals</b>	---	---	<b>266.66</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  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 entire population of Blue Star Museum participants ( $n =$  approximately 2000) will be invited to respond to the survey. Response rate is estimated to be approximately 40%, based on previous years. The surveys will be administered online, using SurveyMonkey, and an email invitation will be sent to all participating Blue Star Museums. Follow-up reminder emails will be sent to non-respondents on a periodic basis prior to the closing date of the survey. This survey will be open for respondents to complete for approximately one month.

**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

2. Will interviewers or facilitators be used?  Yes  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”**

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**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.**