## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1615-0121)

**TITLE OF INFORMATION COLLECTION:** Grantee usability testing for the Salesforce-based, OoC Collaboration Tool

**PURPOSE:** The Office of Citizenship (OoC) has been working with the Office of Information Technology (OIT) to develop a Salesforce-based\* collaborative environment for its stakeholders, USCIS Citizenship and Integration Grant Recipients. This usability testing will provide OoC with information on how the Salesforce-based collaborative environment works for its stakeholders, the end users.

\*Salesforce is a secure government-wide cloud computing platform. Salesforce, a customer relationship management environment, will allow OoC staff to interact with grant recipients by posing questions, reporting information, and sharing solutions.

**DESCRIPTION OF RESPONDENTS**: Out of 40 grant-funded organizations located nationwide, 10 will be randomly selected. The participant selection document, included in the package, provides information about how participants will be randomly selected. There will be one or two respondents within each organization; all respondents are currently responsible for all grant-funded communication and reporting.

**TYPE OF COLLECTION:** (Check one)

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

[X] 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 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: Stephen McHale

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [X] Yes [ ] 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** | **Burden** |
| USCIS Grant-Funded Organization, Point of Contacts | 20 | 30 min | 10 |
|  |  |  |  |
| **Totals** | **20** | **30**  | **10** |

**FEDERAL COST:** The estimated annual cost to the Federal government is: \_\_N/A

Platform has already been paid for by the Federal government. The grantee usability testing does not create any additional cost to the Federal government, nor does it create additional costs for staff to review test findings.

**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?

Sampling plan and customer list attached.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[X] Telephone

[ ] In-person

[X] E-Mail

[ ] Other, Explain

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

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