## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)

**TITLE OF INFORMATION COLLECTION:**

HHS.gov Email Marketing Survey

**PURPOSE:**

The purpose of this information collection tool is to measure customer satisfaction with the HHS.gov email marketing survey. The survey will only be sent to recipients who have previously and voluntarily subscribed to receive HHS.gov content via email.

**DESCRIPTION OF RESPONDENTS**:

All survey respondents have previously requested to receive content from HHS.gov and will have provided their email address.

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

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

[ ] 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:*** Darryl K. Cunningham

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| HHS.gov Email Marketing Survey | 187,000 |  5/60 | 15,583 hrs |
|  |  |  |  |
| **TOTAL** |  |  | **15,583 hrs** |

**FEDERAL COST:** The estimated annual cost to the Federal government is none.

**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

The HHS.gov Email Marketing Survey will only be shared with a specific subscription group on the HHS Gov. Delivery network – HHS.gov Updates. This list serves emails to more than 187,000 users. The sample plan includes this entire subscription list. Multiple emails will be sent to this group requesting to complete the survey. The information collected by Gov. Delivery includes email address and nothing more.

These surveys are available to all subscribers of the HHS.gov website, and providing feedback to these surveys is optional and voluntary. The subscribers will receive an email with a link to the survey asking that they provide input on their satisfaction with content they currently receive via email. The only personal information collected is gender and age.

**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.**

**NOTE:** Please see attachments (hhs-gov-email-marketing-survey-omb.docx) for instruments, instructions and scripts.