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

TITLE OF INFORMATION COLLECTION: AIDS.gov Website Customer Satisfaction Survey

PURPOSE:

- 1. To comply with Digital Government Strategy's expectation that all .gov websites implement customer satisfaction measurements to evaluate the success and usability of their websites and inform data-driven decision-making for improvement.
- 2. To inform plans for impending AIDS gov website re-design by:
 - a. Collecting information to challenge/confirm/improve the user profiles we use as basis for our assumptions/plans (e.g., reasons for visiting, how they use information, etc.)
 - b. Collecting baseline information about customer satisfaction with the current site to which results can be compared after the launch of the re-designed site.
 - c. Asking the four standard questions that the Digital Government Strategy designates for all federal website customer satisfaction surveys, which will provide us with data we can use to compare our site to other federal sites.

Questions will be deployed using the HHS/ASPA Voice of Consumer Survey tool, which we understand already has OMB clearance for website customer satisfaction surveys.

DESCRIPTION OF RESPONDENTS:

Respondents are visitors to the website www.aids.gov which is administered by HHS.

| TYPE OF COLLECTION: (Check one) | |
|---|--|
| [] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software | [X] Customer Satisfaction Survey [] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:__Miguel Gomez, Senior Communications Advisor, Office of HIV/AIDS and Infectious Disease Policy, HHS, and Director, AIDS.gov

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 |
|--|-----------------------|-----------------------|---------|
| Individuals Randomly selected website visitors | 500 | 5 min | 42 hrs. |
| | | | |
| Totals | 500 | 5 min | 42 hrs. |

FEDERAL COST: The estimated annual cost to the Federal government is \$2,500.00

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?

The HHS/ASPA Voice of the Consumer website customer satisfaction tool generates a pop-up survey to randomly selected website viewers.

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 |
| 2. | Will interviewers or facilitators be used? [] Yes [X] 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"

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.