

Request for Approval under the “DOI Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”
OMB Control Numbers:

TITLE OF INFORMATION COLLECTION: Beneficiary Satisfaction Survey

PURPOSE:

Collect service satisfaction information from Beneficiaries and Tribal Leaders, as recommended by the Commission on Indian Trust Administration and Reform.

DESCRIPTION OF RESPONDENTS:

- American Indian and Alaska Native Alloted and Unalloted Account holders (Land Asset Accounts)
- American Indian and Alaska Native Life Estate Account holders. (Life Asset Account holders)
- Non enrolled Account holders.
- Tribal Officials

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: /s/ Ronald Hunt

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

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 of 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 (If yes, please explain.)

BURDEN HOURS

- Collection will occur during the full months of Nov 15, 2015 - Mar 2016
- Burden on beneficiaries will be limited as that was considered throughout the development of the questionnaire forms, each form should take less than 10 minutes to complete on average.

Category of Respondents (estimated at maximum anticipated response)	No. of Respondents	Participation Time	Burden
Beneficiaries	20,000 (est)	10 mins	3,333hrs
Tribal Officials	350 (est)	10 mins	58 hrs
Total	20,350 (est)		3,391hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$250,000.00

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 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.

There are currently approximately. **407,000** Individual Indian Trust Account Holders. Additionally, there may be as many as **1500** Tribal Officials that we would receive the survey questionnaire. The universe is limited to the total number of trust beneficiaries and officials listed in the Trust Administration Systems.

It is OSTs Experience that Beneficiary response rates to generalized inquiries, such as a service and satisfaction survey, will be below 3%. In order to collect sufficient data to answer the questions posed by the Indian Trust Commission, we will have to canvas the widest possible set of beneficiaries. We will promote the survey through statements on our website, outreach to tribal governments, and through Field Staff. With advertising and beneficiary awareness efforts, the response rate should reach approximately 5%; that response rate would indicate success.

Goal:

To reach 98-99% of OST’s beneficiaries (as listed in the target group) with the Beneficiary Survey form. Achieve a response rate of approximately 5%.

Strategy and Process:

A. Pre Transmitting (Mail)

- Produce current Beneficiary Account holder list
- Assure that the account list includes only those accounts with current addresses, if not rerun queries.
- Release Names and Addresses to Contractor (IITD excluded otherwise)

B. Transmit Survey Forms

C. Promote Survey, Encourage Completion

- Contact Tribes and Community Leaders, reinforce importance of survey
- Engage Field Staff, reinforce importance of survey
- Include reminders on OSTs Website and on Quarterly Statements

Desired Response and Result:

Critical responses on the survey form include questions 1 and 2: Are you familiar with the functions and duties of the OST, of which the IIM staff are a part? Have you visited or contacted: OST Personnel?

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 – Internet Web Survey
2. Will interviewers or facilitators be used? Yes No

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

INSTRUCTIONS

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 in minutes 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.