

**Request for Approval under the “DOI Generic Clearance for the Collection of Qualitative Feedback on  
Agency Service Delivery”  
OMB Control Number: 1090-0011**

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**TITLE OF INFORMATION COLLECTION: National Park Service Office of Heritage Partnerships Program  
Customer Satisfaction Survey**

**PURPOSE:** The National Park Service is about more than just parks, we provide technical assistance to partners and communities through our congressionally-mandated preservation programs. The Heritage Partnerships Program (HPP) of the NPS Intermountain Region helps community groups, local, state and federal agencies, tribal governments, nonprofits, and individuals to identify, recognize and preserve nationally significant historic places and sites within the region that reflect our nation’s diverse heritage for the education and inspiration of future generations. . The HPP is responsible for administering several nationally recognized preservation programs in the states of Arizona, Colorado, New Mexico, Montana, Oklahoma, Texas, Utah, and Wyoming. HPP’s suite of programs includes the following congressionally authorized programs:

- Japanese American Confinement Sites (JACS) Grant Program,
- National Historic Landmarks (NHL)
- Historic American Building Survey (HABS),
- Historic American Engineering Record (HAER),
- Historic American Landscapes Survey (HALS),
- National Heritage Areas (NHA) and the
- Historic Surplus Property Program

The HPP provides technical assistance that spans the preparation of National Historic Landmark nominations, direct assistance and resources to NHL site stewards, review of historic documentation, conducting archeological surveys, treatment plans for stabilization/repair of historic properties, partnerships with National Heritage Areas, and planning and education. This assistance is provided to help ensure compliance with federal historic preservation laws, regulations and guidelines.

Our HPP strategic plan identified customer service as an area of opportunity to improve services. To that end, data is needed to measure the levels of customer satisfaction to identify opportunities for improvement. A periodic survey will be used to collect information from stewards and partners participating in the program.

**DESCRIPTION OF RESPONDENTS:** All stewards and partners participating in the NPS Intermountain Region Heritage Partnerships Program.

**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:** Kara Miyagishima, Acting Program Manager  
Heritage Partnerships Program  
National Park Service-Intermountain Region

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 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 (If yes, please explain.)

**BURDEN HOURS**

Category of Respondents	No. of Respondents	Participation Time (minutes)	Burden (hours)
All HPP Stewards and Partners	50	5	4

**FEDERAL COST: \$8,796\***

Position	Grade/ Step**	Hourly Rate*	Hourly Rate incl. benefits (1.5 x hourly pay rate)	Total Estimated number of annual hours	Annual Cost
NPS Staff	GS-7/5	\$24.43	\$36.65	240	\$8,796

\*Based upon Salary Table 2018-DCB (Effective January 2018)

\*\* [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DEN\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DEN_h.pdf)

**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.

**Respondent Universe and Sampling Plan:**

This will be a systematic convenient sample of all known participants in Intermountain Region HPP. The contact list of all of the stewards and partners in the program will be used to collect information for this survey. All contacts will receive a survey with instructions to complete and return. Known and confirmed email addresses will be used to administer the questionnaire via Survey Monkey™. The survey software will be used to manage, send reminder notices and analyze the results. When electronic access is not an option, the questionnaire will be administered in using the method most convenient for the contact (e.g., telephone, or by mail). The results will be compiled and used in various initiatives and reports describing the progress of the program.

**See attached Heritage Partnerships Program Customer Satisfaction Survey**

**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-Back Questionnaire
  - On-Site Questionnaire

**Instrument Administration:**

2. Will interviewers or facilitators be used?  Yes  No

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

ATTACHED  
Heritage Partnerships Program Customer Satisfaction Survey

## INSTRUCTIONS

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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 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.

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