

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2700-0153)

TITLE OF INFORMATION COLLECTION: MSFC Customer Feedback (MF 4306)

PURPOSE: As part of the *MSFC Customer Satisfaction Program*, [as defined in the Marshall Procedural Requirements (MPR) 1280.8 *Customer Satisfaction*] and the *Marshall Quality Management System* [MPR 1280.10], any negative customer input is to be provided for evaluation as to any needed remedial action and/or recurrence control.

This form will be used to collect feedback from Marshall Space Flight Center (MSFC) Customers to evaluate satisfaction/dissatisfaction with products, services, and/or interfaces provided by MSFC. Some examples of our services and products are: a) using our facilities to perform testing, data collection, and analyses in support of component/design evaluation; b) providing satellite and star tracking software systems for observatories, academic, research, and governmental agencies; c) performing engineering and hardware development activities in support of other NASA Centers and joint NASA-industry programs; and d) supporting educational institutions at all levels with pictures, speakers, write-ups, and space artifacts to develop interest and knowledge of the space program and its benefits and opportunities.

The information collected will be used (1) in order to encourage continuation and expansion of positive experiences by the customers, (2) resolve current perceived problems as identified by existing customers, (3) and implement changes to improve customer satisfaction for future customers. The ultimate goal is to improve Marshall Interactions with its customers and provide improved products, services, and support to them in order to make MSFC a more attractive vendor/provider to current customers and future customers.

Information received will be kept in accordance with the NASA Records Retention Schedule (NRRS) 1/26.5/A [1280].

DESCRIPTION OF RESPONDENTS: Private Sector, State and Local Government customers who are recipients of MSFC products or services.

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: John W. McPherson

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	18	15 minutes	4.5
State and Local Government	18	15 minutes	4.5
Totals	36	15	9

FEDERAL COST: The estimated annual cost to the Federal government is \$400 which includes the maintenance cost for the application that houses the MSC Customer Feedback form.

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?

Customer lists are obtained from the MSFC organizations that provide products, services and support. Marshall then provides each customer with the link to the form, and encourages them to respond. The Customer Feedback Form is also made available for direct entry by the customer or any MSFC contact.

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 – As a by-product of phone interviews, this form will be used to summarize and standardize the format of the response.

2. Will interviewers or facilitators be used? Yes 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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

No. of Respondents: Provide an estimate of the Number of Respondents.

Participation Time: Provide an estimate of the amount of time (in minutes) 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 Respondents and the Participation Time then 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.

Submit all instruments, instructions, and scripts are submitted with the request.