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

TITLE OF INFORMATION COLLECTION: NASA Integrated Service Management System (NISM) Customer Satisfaction Survey (Electronic)

PURPOSE: The purpose of the survey is to collect customer satisfaction information on services provided by the NASA Enterprise Applications Competency Center (NEACC). The NASA Integrated Service Management System (NISM) is an instance of the BMC Remedy IT service management suite of tools. It is configured to allow users of NEACC applications to enter requests for IT service, and for the tracking of the subsequent work performed to complete that request. The NEACC operates NASA's enterprise business applications within the following domains: financial; procurement; logistics; human capital and workforce; project lifecycle management; education identity, credential and access management; and business information (cross-domain).

- o The NISM electronic system generated survey consists of four questions and is designed to take only one minute to complete, when completed electronically. Questions are focused on overall satisfaction, timeliness, whether the service provider was knowledgeable, and whether the service provider was courteous. The results are reviewed to identify opportunities for service improvement.

The survey and responses will be retained in accordance with NASA's Records Retention Schedules 1441.1A, Schedule 2, Item 27.J.2. IT Customer Service Files.

Retention: Destroy/delete when 1 year old or when no longer needed for review and analysis, whichever is later.

DESCRIPTION OF RESPONDENTS: NASA support contractors who work at NASA HQ, NASA Centers, NASA Component Facilities and Jet Propulsion Laboratory (JPL) that use the NEACC services and submit service requests in NISM.

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 <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: Barbara Henry
Phone #: 256-544-0510
Organizational Title: Agency Applications - Service Management Supervisor
Mail Code: MSFC IS30

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, 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 [x] No

BURDEN HOURS

Category of Respondent	No. of Respondents	No. of Responses per Year	Participation Time	Burden Hour
Private Sector (employees of NASA contractors operating within the NASA firewall) responding electronically.	450	1	60 seconds/1 minute	7.5
Totals	**450**	1	60	**7.5**

FEDERAL COST: The estimated annual cost to the Federal government is $1,950 (assuming $100/hour average cost x 19.5 burden hours). This includes 12 hours per year for reporting and analysis in addition to the 7.5 burden hours for distributing and responding to the survey.

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

   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?

Potential respondents are non-federal employees who use NASA information technology services provided by the NASA Enterprise Applications Competency Center (NEACC) and submit IT service calls.

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. 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.