

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3133-0188)**

**TITLE OF INFORMATION COLLECTION:** CUSO Registry Usability Testing

**PURPOSE:** CUSO Registry usability testing and customer feedback.

**DESCRIPTION OF RESPONDENTS:** Usability testing participants will consist of a subset of private sector Credit Union Service Organizations (CUSOs) which will submit their annual reporting requirements to NCUA using the CUSO Registry. NCUA plans to solicit 25 volunteer CUSOs to participate in the usability testing. Each CUSO will spend up to 24 hours over a three day period performing usability tests and providing feedback on their experience.

NCUA estimates the time to complete the CUSO Registry as 0.5 hours for basic information, 3 hours to complete complex or high-risk activities. NCUA believes allotting 24 hours for usability testing will provide sufficient time for the volunteer CUSOs for familiarization, testing, and providing feedback.

**TYPE OF COLLECTION:** (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                     | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" 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: Tracy Crews

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, 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

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time-Minutes	Burden Hours
Private Sector – CUSOs	25	1,440	600
<b>Totals</b>	<b>25</b>	<b>1,440</b>	<b>600</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$0\_\_\_\_\_

**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?

### **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 – email for support communication
2. Will interviewers or facilitators be used?  Yes  No

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